DOCUMENT RESUME

ED 090 724 EC 061 766

AUTHOR	Birch, Jack W.
TITLE	Mainstreaming: Educable Mentally Retarded Children in Regular Classes.
SPONS AGENCY	National Center for Improvement of Educational Systems (DHEW/OE), Washington, D. C.
PUB DATE	1 Mar 74
GRANT	OEG-0-9-336-005(725)
NOTE	117p.
AVAILABLE FROM	Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091
EDRS PRICE	MF-$0.75 HC-$5.40 PLUS POSTAGE
DESCRIPTORS	*Educable Mentally Handicapped; *Exceptional Child Education; Mentally Handicapped; *Normalization (Handicapped); *Program Descriptions; Program Planning; Regular Class Placement; *School Districts

ABSTRACT

Described in the monograph are mainstreaming programs for educable mentally retarded (EMR) children in six variously sized school districts within five states. It is noted that mainstreaming is based on the principle of educating most children in the regular classroom and providing special education on the basis of learning needs rather than categories of handicap. Discussed are reasons for mainstreaming, the districts, and mainstreaming characteristics, as well as terminology and a descriptive definition of mainstreaming. Detailed are pupil composition, program qualities, and implementation modes for the following school districts: Tacoma (Washington), Richardson and Plano (Texas), Tucson (Arizona), Louisville (Kentucky), and Kanawha County (West Virginia). Some of the aspects described that are common to all the programs are motivation for mainstreaming, preparation of teachers, inservice teacher education, parental reactions, and costs. It is recommended that school systems intending to mainstream focus on 10 factors such as concerns of regular class and special teachers, teacher attitudes, inservice education, sensitive administration in pupil placement, and assurance of line administrative support. Listed are school districts in 25 states that are conducting mainstreaming for EMR pupils. (MC)

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Mainstreaming:

Educable mentally retarded children in regular classes

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A publication of the Leadership Training Institute/Special Education, University of Minnesota, under a grant from the National Center for the Improvement of Educational Systems, U. S. Office of Education, Department of Health, Education, and Welfare.

The project presented herein was performed pursuant to Grant OEG-0-9-336-005(725) from the National Center for the Improvement of Educational Systems, U. S. Office of Education, Department of Health, Education, and Welfare. The point of view expressed is that of the author and does not necessarily reflect the position or policy of the U. S. Office of Education and no official endorsement by the U. S. Office of Education should be inferred.

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FOREWORD

In this monograph, the author has described and analyzed the mainstreaming programs for educable mentally retarded children which are in effect in six school districts of various sizes and pupil composition in five different states. For each district, the author has detailed the unique qualities of the program and shown *how* as well as *why* it works. More importantly, perhaps, he has synthesized the principles that have made mainstreaming successful in those districts. Persons interested in instituting mainstreaming in other districts will find these principles a reliable and practical guide to success.

Simply put, mainstreaming is based on the principle of educating most children in the same classrooms and providing special education on the basis of learning needs rather than categories of handicaps. Thus, under mainstreaming, children with learning problems can receive the expert help of special education teachers without being labeled or excluded from association with their peers. Furthermore, under mainstreaming conditions, regular and special classroom teachers share their skills and knowledge to teach the same children. Indeed, mainstreaming is distinguished by the amalgamation of regular and special education into one system to provide a spectrum of services for all children according to their learning needs. Consequently, special education is a resource for the entire school population rather than an isolated body of skills and knowledge.

It is important to recognize, of course, that not all exceptional children can be immediately integrated with other children in regular classes. This condition seems to be not so much a function of the children's handicaps as it is a function of the degree to which special educators have made the curriculums, instructional materials, and teaching procedures sufficiently adaptable.

As the author of this monograph details, a number of factors are inexorably moving all school districts in the country toward some degree of mainstreaming. In general, the factors can be subsumed under the headings of the increased adaptability of special education, the trend toward

individualization of education, the demands of parents, judicial interpretations, and rising costs of public school operations. Equally important is the fact that mainstreaming may prove to be a way of providing better education for most children through a more efficient use of school facilities and personnel.

The work that went into producing this monograph was as much a labor of love for Jack Birch as an intellectual inquiry. His interest in exceptional children spans more than 35 years. He has been a teacher of elementary and secondary classes of EMR children, a trainer of teachers for such classes, a researcher, author, administrator, and an educational adviser to many schools and agencies in both the U.S. and abroad.

In recent years he has taken time from his busy life as an administrator to lend his broad background and creativity to many of the newly developing projects for serving exceptional children which have been launched under the Education Professions Development Act. I am grateful to him for the strong leadership and progressive spirit he has helped to bring to such EPDA projects through his work in an experimental "project advocate" role and also as one of the primary advisors to the whole program with which the Leadership Training Institute has been associated.

Maynard C. Reynolds
Director
Leadership Training Institute/
Special Education

March 1974

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I
INTRODUCTION

My advocacy of the principle of educating educable mentally retarded (EMR)* children in regular classrooms goes back about 20 years. In 1955, Godfrey D. Stevens and I wrote what may be among the earliest recommendations for mainstreaming even though we did not apply the term itself. At that time, we saw the need for mainstreaming as stemming from a scarcity of special classes. Our recommendations centered on providing services for EMR children in regular classes until the needed special classes could be organized and staffed. We concluded that

> . . . the regular grade teacher, with some assistance, can make a substantial contribution to the education of the mentally handicapped child. . . (Birch & Stevens, 1955, p.1).

Many of the procedures that we recommended then are in widespread use now. More importantly, sufficient evidence has accumulated over the years to conclude that mainstreaming is a valid alternative to self-contained special classes for appropriately selected pupils and teachers. Of course, mainstreaming is not applicable to all exceptional pupils nor is it a simple procedure to inaugurate for those pupils for whom it is the correct educational arrangement. Nevertheless, it is the preferred procedure for many EMR children and it seems to be on its way to becoming the prevailing one.

Central to the mainstreaming movement is the theme that given the desire, facilities, and reasonable professional preparation, the average teacher can learn to educate exceptional youngsters in the regular class with the support and consultative services of special education personnel. The theme emphasizes the partnership of all teachers, regular and

* EMR and other similar abbreviations are used only to conserve space.

special, in the enterprise of educating all children whether they spend all or only part of the day in the regular classroom. Furthermore, mainstreaming encourages a bright, constructive, and hopeful view of the education of exceptional children, even in the beginning teacher. It also encourages the teacher to become directly and personally involved in the education of the exceptional child rather than to reject his presence in the classroom because he is different.

Mainstreaming means shifting from the class to the individual as the basic unit around which special education is planned, organized, and conducted. The change is already underway. The Council for Exceptional Children at its annual convention in Dallas, Texas, in 1973, endorsed mainstreaming as part of its policy on organization and administration of special education.

> Under suitable conditions, education within the mainstream can provide the optimal opportunity for many exceptional children. Consequently, the system for the delivery of special education must enable the incorporation of special help and opportunities for them in mainstream settings. . . . Children should spend only as much time outside regular classroom settings as is necessary to control learning variables that are critical to the achievement of specified learning goals.

A number of school districts, some with extensive networks of special classes or special schools, have closed most of them and moved many of the exceptional population into regular classrooms without depriving the children of the specialized aids they need. Other districts are contemplating similar moves. For all school districts, the goal of high-quality education for exceptional children in regular classes is commanding top attention for a number of different reasons.

REASONS FOR MAINSTREAMING

Simply stated, mainstreaming is providing high-quality special education to exceptional children while they remain in regular grades for as much of the day as possible. The pressures toward mainstreaming, currently, spring from a complex group of motives of which at least 11 can be identified.

1. The capability to deliver special education anywhere has improved.

Much of the instructional apparatus of special educators has been made more mobile and less complex during the past 25 years. Standardized, mass produced, and packaged instructional materials are now available and they make for easier access and application. The number of self-instructional devices especially has grown in variety and applicability to children from preschool through high school. In addition, a number of instructional approaches have been organized into systems which teachers can study and learn to use on their own or through inservice sessions; attending specialized courses on college campuses is not required. As a result, special education program directors have begun to apply the new approaches and materials to exceptional children in regular class settings in recent years with encouraging results.

2. Parental concerns are being expressed more directly and forcefully.

Many parents never wanted their children to be placed in special classes and schools. They acceded to such placements only because they wanted their children to receive appropriate education and they knew of no possible alternatives. But their desire for the social benefits of educating all children together persisted. As parents learned that educators now know how to bring high-quality special education to large numbers of exceptional children in regular classes, their demand that the knowledge be applied has spread like wildfire.

3. The rejection of the labeling of children is growing.

The belief has grown that if a child is called retarded, disturbed, delinquent, slow, or handicapped, the label will influence the way in which he is treated by people around him and the way he perceives himself. For a long time, labels with negative implications have been associated with special education. The grouping of labeled children in schools or classes that are identified as "special" seems to mark the child as being different in an undesirable way. Thus, is is argued, making special education an integral

part of classes for all children minimizes the need for labeling and cancels many of its undesirable effects on children.

4. Court actions have accelerated changes in special education procedures.

Some parents, notably those of mentally retarded children, found that severely and profoundly retarded children were being kept out of school entirely on the basis of state regulations which were applied with the force of law. The same restrictions were applied to many retarded children in the more educable range of learning ability also. Consequently, the parents brought their complaint into court.** The resulting consent agreement affirmed the right to full and free education for all children regardless of handicap. Moreover, the court followed the recommendations of special education leaders who testified that the most desirable setting for special education is the regular classroom, if it can be arranged. Thus an added stimulus for mainstreaming appeared from a most prestigious source—expert testimony accepted by the courts.

5. The fairness and accuracy of psychological testing has been questioned.

The validity of group and individual tests of intelligence and achievement has been challenged by many voices and particularly by the spokespersons for minority groups. Court actions and civil rights disputes have heightened the suspicion that such tests are unfair to children reared in cultural settings significantly different from those of the middle- and upper-class members of the dominant culture. Additional key reasons cited for the tests' lack of validity are the failure to include minority children in the test standardization groups and the application of the tests to minority children by majority persons. Since children have been placed in special education classes and special schools

** In the U.S. District Court for the Eastern District of Pennsylvania. Pennsylvania Association for Retarded Children, Nancy Beth Bowman, et al. Plaintiff v. Commonwealth of Pennsylvania, David H. Kurtzman, et al. Defendants. Civil Action No. 71-42. Amended Consent Agreement 14 February 1972.

as a result of low test scores, the appropriateness of the placements has been brought into question.

6. Too many children were classified psychometrically as mentally retarded.

Even before questions were raised in the courts about the accuracy of group and individual tests of learning capacity and achievement, a number of large-city school officials recognized that in their systems the number of children being classified as mentally retarded was three to four times greater, proportionately, than the national estimates. Whatever the reason for the discrepancy, it was clearly not feasible for such a large segment of a city's school population to be given negatively loaded labels and to be separated from their peers. One alternative was to make adaptations in the regular curriculum, adaptations that would build on the pupils' strengths and correct the deficiencies that led to low scores on the standardized tests of intelligence and achievement. This alternative became the underlying premise of the compensatory education movement in many urban and rural centers of economic depression. It was also a straw in the wind blowing toward what is now called mainstreaming.

7. Civil rights actions against segregation uncovered questionable special education placement practices.

Some school districts came under fire for allegedly violating children's civil rights by placing them in special classes which were operated as segregated school facilities. Segregation could be charged, for instance, if special education classes in a school contained significantly greater proportions of American-Oriental, Black, Mexican-American, or Indian children than the rest of the school population. Faced with the necessity of readjusting special education classes to balance minority enrollments, some districts resolved the problem by moving exceptional children into regular classes on the basis of parental requests. Not surprisingly, regular class teachers appealed to principals and supervisors for help and hence the special education teachers who had been freed by class-size reductions were assigned to serve as consultants to the beleaguered teachers. In many cases, former special class children not only performed

satisfactorily in the regular grades but a few blossomed academically. Taking courage from the products of adversity, some school districts deliberately chose to move toward the greater inclusion of exceptional children in regular grades for some or all of their education.

8. Non-handicapped children are deprived if they are not allowed to associate with handicapped children.

Certain educators have argued that children without handicaps are deprived of important experiences if they are separated from their handicapped agemates in school. The same point has been made by some parents of both handicapped and non-handicapped children. Understanding, helpfulness, satisfaction of curiosity, overcoming of handicaps, acceptance of differences—these are a few of the concepts and feelings which can be developed among normal children through constructively managed interactions in school with the exceptional children who are their classmates. The success that ensued when crippled and blind pupils were included in regular schools, largely on the basis of this motive, encouraged attempts to mainstream other handicapped students.

9. The effectiveness of conventional special education was questioned.

The actual educational effectiveness of separate special schools and classes was equivocal. Comparative research rarely showed clear-cut academic or social advantages for handicapped children in special classes as opposed to other handicapped children who remained in regular classes and received no special help. Ambiguities are acknowledged in the results because of the way such comparative investigations have been conducted. Nevertheless, many educators interpret the studies as strongly suggesting that substantial numbers of handicapped boys and girls have achieved as well in regular classes as they might have in self-contained special education classes.

10. Financial considerations foster mainstreaming.

In recent years, some states have made it equally or more feasible economically for local school districts to mingle exceptional children and others while still providing the special education to the children who need it. This

approach reverses past policy in which school districts were rewarded for establishing separate special classes and schools. Nationally, costs have increased noticeably for building construction and maintenance, instructional equipment, materials, transportation, and auxiliary services such as cafeterias. Any move like mainstreaming that offers the possibility of the multiple use of school facilities is welcomed by budget-minded officials because of the reduction in unit use costs and in the capital costs of duplicate facilities. The possibility of savings is especially appreciated because the actual dollar value of separate, conventional, special education has been difficult to demonstrate conclusively.

11. American philosophical foundations encourage diversity in the same educational setting.

Mainstreaming implements our philosophy of education. It is expected that the educational opportunities provided for American children and youth will

> . . . allow for the meaningful inclusion and appreciation of ethnic, racial, sexual, physical and ability variations without judgments about which course or method of study is more desirable. Individual differences are not to be viewed as deviations from the norm but as the basis on which the content and methods of a school's curriculum are to be built (Christoplos, 1973, p. 569).

Although no one of the 11 listed elements is probably solely responsible for change in any one school system, taken together in various combinations and weights they have motivated a discernable and growing trend toward the integration of special education and regular classes.

The principle of educating handicapped pupils in local schools along with their brothers and sisters and the rest of the neighborhood youngsters is neither new nor revolutionary. Nor is the idea of individualizing teaching for all pupils. Until recently, however, both mainstreaming and individualizing were considered to be concepts which were desirable but not readily attainable for very many exceptional children. As this report indicates, the gap between the wish and the fact has begun to shrink. A number of school systems are proving that special education of excellent quality can be arranged for exceptional children in their neighborhood schools in regular class groupings.

THE MAINSTREAMING DISTRICTS

The bulk of this report is devoted to the description of the development and current status of the efforts by six school districts in various parts of the country to make mainstreaming or the progressive inclusion of exceptional children a productive reality. The districts differ widely in size, growth, population, ethnic distribution, and socio-economic composition. A brief description of each follows:

Tacoma, Washington, is a growing industrial port city. It has a wide socio-economic range and the population includes minority groups of Blacks, Indians, and American Orientals.

Richardson, Texas, a sizable and fast-growing suburban community near Dallas, is largely middle class. It is relatively independent of the city and is closely tied to a technological-industrial development in the area. Minority groups include Mexican-Americans and Blacks.

Plano, Texas, is a very rapidly growing municipality which borders on Dallas. It has a broad and fairly evenly balanced socio-economic range but it is mainly middle class. The school district reported a Black minority of about 3.3 percent.

Tucson, Arizona, has much in common with other large cities of the American Southwest. It is growing and it is attractive to retirees. The socio-economic range is wide and the population includes very large Black, Mexican-American, and Indian minorities.

Louisville, Kentucky, is an industrial city with a dropping population level. It has a heavy medium-to-low socio-economic group and a very substantial Black population.

Kanawha County (Charleston), West Virginia, has a composite city-rural school system. A major Appalachian center, it shares the economic and social problems confronting that region.

The following table compares the pupil populations of the six districts and the changes in those populations between 1960 and 1970. For Kanawha County, West Virginia, figures are given for the county as a whole and separately for the city of Charleston.

Population Statistics
for the
Six School Districts Studied

	Totals		Minority Populations (%)	
	1960	1970	1960	1970
Tacoma, Washington	148,000	154,581	*	11.2%
Richardson, Texas	16,810	48,552	*	*
Plano, Texas	3,695	17,872	*	*
Tucson, Arizona	213,000	262,933	*	18.9%
Louisville, Kentucky	391,000	361,472	18.9%	24.8%
Kanawha County, W. Va.	*	228,915	*	*
(Charleston)	(85,796)	(71,505)	*	*

*Accurate statistics not available.

Perhaps because of differences in local conditions, the six districts reached similar positions on the values of mainstreaming by following different paths. The chief organizational pattern for mainstreaming in each case is the resource room or resource teacher approach. Each of the districts, however, has developed attributes which distinguish it significantly from the others and from other districts in which earlier approaches by the same name were tried.

All of the six school systems are committed to bringing integrated special education to all handicapped children. Pupils who need special education because they are blind or partially seeing, deaf or hard of hearing, crippled, or who, for other reasons need special education, are often mainstreamed in the school districts which are used as illustrations. However, the focus of this report is on those exceptional children who are considered to be educable mentally retarded.

SUMMARY OF MAINSTREAMING CHARACTERISTICS

It was never unusual for educable mentally retarded children to report to their special classes and then spend some of the school day in regular classes. Since the early 1930's, it has been a frequent practice for educable retarded youngsters to join with other children in some physical education, music, art, home economics, and shop classes.

But mainstreaming has moved far beyond that now. The educable retarded child is assigned to a regular class homeroom. He leaves it to go to the resource room or

center only for essential small group instruction, individual tutoring, or educational assessment, or to pick up and deliver assignments which may be prepared by the resource teacher but are completed by the child in the regular classroom. The resource teacher, a specialist in teaching retarded pupils, works out an individual schedule for each pupil to use the resource room or center, ranging from a few minutes to several hours but usually for less than the majority of the school day. The regular class and resource teacher share responsibility for the retarded pupil's achievement progress, and both instruct the child.

The regular class teachers in the school have opportunities to send other pupils from their classes for help from the resource teacher also. The youngsters often are those who have learning problems arising from conditions other than mental retardation. The resource teacher contributes assessment and instructional services for these children and shares instructional know-how with the regular class teacher, who reciprocates in kind. Thus, mainstreaming is a carefully designed, balanced, and individualized *quid pro quo* teaching arrangement beneficial to children with a variety of kinds of school problems.

Sufficient information on mainstreaming EMR children is available now to be useful to teachers, administrators, and others contemplating the move in that direction. Operational aspects of current mainstreaming practices in the six diverse school systems have been described in the hope that the experiences of the teachers and administrators can minimize the problems and maximize the chances for success for the schools and pupils who will become involved in mainstreaming in the future.

ORGANIZATION OF REPORT

Since teachers in regular classes and special education are closest to the day-to-day activities that make up the mainstreaming of education, they have the main responsibility for its success. It is to them, therefore, that this report is addressed. Hopefully, it will help special education and regular class teachers who are inexperienced in the mainstreaming of EMR pupils to become familiar with both the principle and some of the details of the process.

This report should be useful also to school administrators, board of education members, teacher preparation specialists, architects, and other persons with a major stake in new developments in education. Certainly, significant among the latter persons are the parents of all children, heads of social agencies, jurists, and government personnel with the responsibilities of monitoring civil rights and related compliance procedures.

Like any new process, mainstreaming has developed a specialized vocabulary of its own. Thus, in Chapter II, the terminology of mainstreaming is described and defined. Chapters III through VIII are devoted to the descriptions and analyses of the six school districts. The order of presentation is related to the year in which mainstreaming was officially initiated in the school system and to the comprehensiveness of the program for the inclusion of EMR pupils in the regular classes. Chapter IX concentrates on those instructional, organizational, and personnel factors which make mainstreaming work. It was impossible to report in detail on all the districts which have adopted the principle of mainstreaming; consequently, a number of others are listed in Chapter X by state or territory.

I am indebted to a great many people for assistance and advice in the gathering of material for this report and in the writing of the report itself. The cooperation and kindnesses that they extended to me can never be adequately described in the limited space available here. Inadequate though the acknowledgement may be, the list at the end of the report includes all the people who assisted me in one way or another and to whom I offer my most sincere gratitude.

II
THE TERMINOLOGY OF MAINSTREAMING

New expressions have entered the technical vocabulary of educators as part of the trend to educate exceptional children with all others. Key terms in the new language are increasingly used. So rapid has been the creation of the vocabulary that the terms defined here are not included in the most recent official U.S. Office of Education terminology list (Putnam & Chismore, 1970).

DESCRIPTIVE DEFINITION OF MAINSTREAMING

It is difficult to consider mainstreaming unless there is agreement on what it means. The majority of state directors of special education in the United States agree upon the following statement. The elements of the definition are numbered for convenient reference.

1. Mainstreaming refers to assigning handicapped pupils to regular classes and providing special education for them.

2. In mainstreaming, regular classroom teachers broaden and adapt instructional procedures and content so all children are incorporated into regular programs at levels manageable for each child and teacher.

3. Mainstreaming may be done at any level, preschool through secondary school.

4. In mainstreaming, the handicapped pupil reports to the regular classroom teacher.

5. In conventionally organized schools or in open space schools the handicapped pupils being mainstreamed spend half or more of the day in regular classes.

6. In conventionally organized schools the special education teacher has a headquarters room to which pupils can

come for periods of time from the mainstream rooms to which they are assigned.

7. In open space schools the special education teacher may be a member of the team serving in the open space setting or may have a separate room as headquarters.

8. Mainstreamed handicapped pupils leave the main group only for essential small group or individual instruction, educational assessment, and to pick up or deliver assignments prepared by the special education teacher.

9. The regular class teachers and the special education teachers agree upon individual schedules and assignments as needed for children being mainstreamed.

10. Regular class teachers are responsible for grades and report cards for the mainstreamed handicapped pupils, but they may consult with special education teachers on the grading.

11. Special education teachers help regular class teachers also by providing educational assessments and instructional consultation for regular class pupils who may not be eligible for special education in the usual sense.

12. Mainstreaming implies the following operating principle: Handicapped pupils usually begin their education in regular kindergarten or first grade groups with special education support, and they are removed to special classes or special schools only when the necessity to do so is shown and only for the periods required to prepare the pupils for return to regular classes.

13. Criteria for selecting handicapped pupils for mainstreaming are in terms of matching pupils' educational needs and the capability of the mainstream program to meet those needs, rather than in terms of the severity of the pupil's physical, mental, emotional, or other handicap.

14. Mainstreaming has a place in the spectrum of plans for organizing instruction, space, and facilities to accommodate the educational needs of handicapped pupils.

RELATED TERMS

Other new expressions entering the technical language of education concomitant with the mainstreaming movement are listed alphabetically with their present definitions.

Adaptive education: Synonym for special education, used especially to convey the idea of special education through mainstreaming.

Adaptive education teacher: Substitute term for special education teacher.

Admission review and dismissal (ARD) committee: A local school-centered committee that monitors all aspects of placement and continuation of children in local school special education programs (see Chapter IV).

All-out pupils: Special education pupils who are scheduled all day, every day to regular classes, with the special education teacher available for occasional conferences as needed, the latter determined by the pupils themselves or by their regular class teachers.

Alternative programing: Synonym for mainstreaming.

Clinical center: Synonym for resource room or center.

Consultation room: Synonym for resource room.

Cross-scheduling: Individual pupil schedules made in terms of a special education pupil's academic weaknesses and strengths; more common in secondary schools.

Decentralization: Has two meanings:

(1) reducing the number of special education school or class clusters requiring transportation in favor of providing special education in the child's neighborhood school;

(2) placing authority and responsibility, along with the budget, for special education directly in the hands of building principals with the requirement that they arrange appropriate special education in the local building for the children who need it in the attendance area.

Floating room: Synonym for resource room.

Functional classification: Descriptions of children needing special education in terms of specific strengths and weaknesses in educational achievement and social and personal behavior (as opposed to social categories such as "delinquent," or psychometric classifications such as "low IQ").

Headquarters room: Synonym for resource room.

Helping teacher: Substitute term for special education teacher.

Identified special education pupils: Pupils who are served by special education teachers, classified by state education

agency criteria, recorded, and reported to the state for statistical and funding purposes; they are differentiated from other pupils with similar educational problems who are also served by special education teachers in the same setting but are not so classified.

Inclusion: Synonym for mainstreaming.

Integration: See mainstreaming.

Integrative process: Conveys the meaning of progressive inclusion and mainstreaming (see those definitions).

Learning center: Synonym for resource room or center.

Modified plan: Synonym for mainstreaming.

Plan A: The inclusion policy of the comprehensive special education plan of the Texas State Education Agency (see Chapter IV); becoming a descriptive term in Texas (i.e., "This is a Plan A school; these are Plan A teachers").

Progressive inclusion: Refers to scheduling children in need of special education into regular classes whenever a regular class teacher can supply instruction equivalent to or better than that in a special class, and doing so at an increasing degree as regular classes become more capable of providing special education of high quality or the pupils become more capable of profitable participation in regular classes.

Resource center: Section of an open space school plan serving the same function as a resource room (see resource room).

Resource room: A schoolroom used by a special education teacher to provide individual and small group instruction, assessment, and guidance to pupils who come for short periods of time from regular classes for special education. Synonyms are consultation room, floating room, headquarters room, learning center, and clinical center.

Resource room plan: See resource room and mainstreaming.

Resource teacher: Substitute term for special education teacher.

Self-contained program: Special education student is scheduled the entire school day to groups being instructed by special education teachers, though not necessarily in self-contained special education classes.

Self-contained special education class: A class conducted by a certificated special education teacher wherein handicapped children exclusively report and spend the majority of the school day.

Stair-stepping: Moving self-contained special education students into the mainstream a little at a time, beginning with the students and the regular class and special education teachers with whom success appears most probable.

III
TACOMA, WASHINGTON

Tacoma, population 154,581, was the earliest among large cities to start mainstreaming EMR pupils throughout its schools. The movement started in 1958 as decentralization and progressive inclusion.

DECENTRALIZATION AND PROGRESSIVE INCLUSION

Completely flexible interaction between regular and special education was spelled out in a 1958 report adopted by the Tacoma Board of Education (Tacoma-Pierce County Cooperative Study, 1958).

> Decentralization provisions for exceptional children should be made in the public schools. . . . exceptional children need to live and learn with others; separate facilities make this difficult. Our educational philosophy, psychology and practice are calling for an education together rather than apart.
>
> It must be observed that some children, such as the severely involved cerebral palsied child or severely mentally retarded child, need separate and different educational facilities. But even these facilities should have easy access to regular classrooms and children. The emphasis must be on the exceptional child in a general society, insofar as possible.
>
> Many classes for exceptional children will provide distinct advantages for the pupils if the classes can be located within a complex of schools. This complex would include several elementary schools, a junior high school and a senior high school. Progressive inclusion in regular classes at various levels can be accomplished more easily in such a complex.
>
> A decentralized program for exceptional children will have numerous arrangements for these pupils. Most of the

special classrooms will be mixed in with regular classrooms. Almost every building will have classrooms for moderately mentally retarded children as well as resource rooms for certain children. . . (p. 145).

A solid structure of educational provisions has been built into the Tacoma school system on the foundations of decentralization and progressive inclusion. Handicapped pupils have ongoing interactions with their non-handicapped age peers during their elementary and secondary school years. ". . . education together rather than apart" is the standard practice. Special education is available in as close proximity to their homes as is possible for all children who need it and, in almost all cases, EMR pupils can attend the schools which are closest to their homes.

Progressive inclusion started with the idea that children needing special education should be scheduled into regular classes whenever a regular class teacher could supply instruction equivalent to or better than that in the special class. Exceptional children were to be in close enough proximity to regular classes, because of decentralization, so that the youngsters could spend from five minutes to most of the day being taught in settings with other children. The concept of progressive inclusion set no fixed amount of time in regular classes for any exceptional child; that was to be individualized. It could change from day to day, depending on the child's needs and the teacher's capabilities.

At first, EMR children were sent from special classes to regular classes for program inclusion. The pattern went through a transition and the focus of responsibility changed. Now the main tendency is for EMR pupils to enter school in regular classes and to continue from there. The regular classroom teacher and the resource teacher determine how much time each EMR pupil needs for instruction from the special education teacher. The regular class teacher accepts responsibility for the handicapped child knowing that help can be obtained from the special education teacher and other school system resources.

In 1961, Tacoma's elementary schools had about 15 self-contained classes for EMR pupils. Few elementary EMR pupils had classroom contact with other teachers or pupils.

There were 15 more self-contained classes in junior and senior high schools. Although secondary EMR pupils studied home economics, art, music, shop, and physical education mostly with regular class teachers, they had only limited contact with other pupils.

Today, no elementary or secondary classes fit the 1961 description. The principles of decentralization and progressive inclusion have produced a functional merger of special and regular education. In 1975, 75 percent of Tacoma's 1400 identified EMR pupils started the school day in roll rooms with all other pupils. Approximately 50 percent of the EMR pupils are supplied with the kinds of education they need and can profit from in regular classrooms most of the school day, every day. The special education department monitors their progress. Some EMR pupils, perhaps 10 to 15 percent, are taught entirely by special education teachers. The remaining 35 to 40 percent receive their instruction in regular classes for less than half the day.

Flexible interaction between regular and special education is a central factor. Indicidual children's schedules change as alterations in their needs are noticed by their teachers. The Division of Pupil Services keeps overall responsibility for defining pupil needs in a general sense but principals, teachers, counselors, parents, and the pupils themselves have broad discretion in adapting local school activities to each EMR pupil's requirements.

STATE DEPARTMENT OF EDUCATION PROGRAM STANDARDS

Washington special education regulations ("Special Education Handbook," 1972) regard as self-contained those pupils who spend three or more hours per day with special education teachers. Thus, some pupils who spend up to half of a six-hour school day with regular class teachers can be said, for state reporting purposes, to be in self-contained classes. The state regulation defines a self-contained classroom as,

> A space maintained by a school district which provides specialized instruction exclusively to handicapped children

> who spend a minimum of three hours. . . per day in that classroom. . . .

Generally, a self-contained classroom is used by children whose objectives are extremely different from the regular school population.

The pupils in special education programs who receive direct instruction for less than two hours per day from special education teachers are viewed as being in a resource room plan. The Washington regulations indicate that,

> The resource room [supplies] specialized instruction exclusively to 26 or more handicapped children. No child will spend more than two hours per day in the resource room. Each child in the resource room shall be enrolled in the regular school district program and receive regular classroom instruction primarily from outside the handicapped program.

Parts of the state regulations and Tacoma's plan of organization for instruction do not mesh. Discussions now under way will bring them together, it is anticipated. The differences that affect EMR pupils specifically are as follows:

1. Washington's special education regulations speak of programs "exclusively" for handicapped pupils. Tacoma, however, has deliberately fostered a *quid pro quo* understanding with regular teachers that special education teachers will work also with regular grade youngsters who are having educational problems but who might not be classifiable into one of the special education categories.

2. Washington's special education regulations refer to specific numbers of handicapped pupils per teacher or per unit. Tacoma's program needs the freedom to go over or under those figures.

3. For 15 years, self-contained classes for EMR pupils in Tacoma have been known as Adjustment Classes. The separate or different objectives imputed by state regulations to such classes are questionable. It is more and more apparent that objectives for all EMR pupils in Tacoma are more similar to those of regular class pupils than they are different. And more and more EMR pupils are being programed successfully for more and more of the school day with regular class pupils. A similar condition holds for trainable retarded children. Many are programed into

learning activities with groups of EMR pupils and a substantial number of the children are scheduled individually into regular classes.

Tacoma teachers and principals point out that inclusion is fostered by the following four factors that prevail in the school system:

Modified classes reflect curriculum flexibility at all school levels. Ninth-grade English, social studies, mathematics, or science for regular students may each have several options with different units each quarter; thus, although all ninth-grade students take social studies, they do not all study the same things during one year. The same condition is true for other subjects at different grade levels.

Functional classification is the rule for pupils in need of special education. Children are discussed and planned for in terms of their specific educational assets and liabilities at any one time. Thus, a description like "She reads well at fifth-grade level but has number skills and spelling skills at grade 2.5," is the sort of functional statement that is basic to placement for special help.

Management of instruction by objectives results in highly individualized teaching for all children. Also, teachers tend to plan and work together to mobilize and apply their individual strengths to fulfill the pupil needs they notice.

The "one-ness" of the school system is expressed everywhere. Teachers, supervisors, and principals point out that "every child is a pupil of School District No. 10. We have only one school system and it is for all children."

The preceding four elements are all considered part of the multiple approaches, the multiple options, and the multiple facilities that make feasible the blending of special and regular education.

PARENT INVOLVEMENT

The recommendations for decentralization and progressive inclusion in 1958 were based on studies in which the public had been broadly involved. There is little direct parent participation now, however, in matters relating to the day-to-day education of EMR pupils as such.

Parents of EMR pupils in Tacoma seldom recognize their children's educational handicaps until their attention is directed to them in discussions initiated by school personnel. The emphasis in those discussions falls on what can be done to maximize the child's education, and the parents are encouraged to react to the individualized education plans proposed by teachers and principals. It is necessary for parents to give written approval for their children to enter special education programs. Most interactions with parents, therefore, relate to reaching agreement for such placements.

Tacoma began obtaining written approvals before they were required by the state. Maximum use is made of school social workers, counselors, and school psychologists in direct, interpretive contacts with parents. It is emphasized that the role of the psychologist goes far beyond testing and writing reports; often he is the key person in the interpretive session with parents.

PREPARATION OF TEACHERS FOR PROGRESSIVE INCLUSION

It was recognized at the outset that not all teachers—regular class or special education—would be immediately ready for the new responsibilities entailed in mainstreaming. Short courses and workshops were conducted in local schools for regular teachers who were scheduled to have exceptional children in their classrooms, a new experience for both child and teacher. The professors were volunteers from the Tacoma professional teaching staff. The training program was put together as an Inservice Micro-College in which ten class hours equaled one professional credit. Professional credits led to advanced qualifications and increments in salary.

The Micro-College flourishes. A sample of the more than 20 courses offered in the Fall of 1972 is as follows (each course is five hours long):

Instructional Materials Sharing

Classroom Organization Scheduling, Room Set-Up, Time

Integrating Children into the Regular Classroom

SST Progress Slow Learners in the Classroom

How to Interpret Individual Tests (i.e., WISC, Binet)

Individualized Elementary Math

Counseling Techniques in Parent Conferencing

Career Exploration: Junior and Senior High School

Special education teachers are expected to consult with regular class teachers not only on exceptional children (by strict definition) but also on regular class children with learning or adjustment problems. Mini-courses directed at helping special education teachers gain skill in giving such technical assistance have proved to be especially valuable.

Colleges and universities in the vicinity of Tacoma feel the influence of progressive inclusion as a factor in how teachers should be prepared. They know that their graduates will be asked what they know and how they feel about working in the schools where it is the predominant point of view. Teachers are expected to be the prime movers in implementing the school system's philosophy. It is possible, now, for Tacoma to be selective in employing teachers who accept the policy of progressive inclusion.

The Professional Agreements (Tacoma Public Schools, 1974) between the Tacoma School District and the Tacoma Alliance of Teachers stipulate certain items closely related to mainstreaming. Staff development activities are to include,

1. Consultant and materials assistance for staff involved in curriculum innovations and change.
2. Workshops and classes to help staff become more aware of the needs of the individual learner and to acquaint them with teaching-learning approaches which will be responsive to these needs.
3. Specific offerings designed for staff needing to meet state certification requirements.
4. Special classes to broaden vocational interests.
5. Workshops and classes to develop more awareness of concerns challenging education of students in an urban society and to improve human relationships.
6. Activities to assist staff in self-evaluation of professional growth.

It is agreed that the district shall develop, with consultation from the constituent organizations, specific inservice and college credit classes for 1972-1974. Priority should be given to:

1. Problems of individualizing instruction.
2. Philosophies of behavior in the classroom.
3. Team teaching.
4. Inquiry approach to teaching.
5. Special problems in teaching the disadvantaged (p. 49).

Clearly, the provisions of the Agreements help to set the stage for precisely those kinds of inservice, continuing professional education in skills and understandings which are called for by the progressive inclusion point of view.

PROGRAM COSTS

Comparative cost figures for separate special education classes for EMR pupils and for those who are "progressively included" have not been calculated. The state support formula at present can accommodate to either style of organization for instruction and gives no particular advantage to either approach. As far as real total costs are concerned, it is the opinion of Tacoma's special education officials that segregated classes for EMR pupils would exceed the costs of the preferred integrated program. Chief contributors to the higher cost for truly self-contained classes are transportation and the duplication of the rich range of instructional materials which are considered essential to an excellent quality educational program for each exceptional child.

TEACHER RESPONSE TO MAINSTREAMING

Not all teachers accepted progressive inclusion immediately. Some do not now. In the early days of the movement most teachers, regular and special, were accustomed to and believed in separation because of, in part, the historical division between special and regular education. Currently, effective management of EMR pupils in homerooms and in regular classes is the rule rather than the exception. Regular classroom teachers ask for and expect to receive helpful consultation from special education teachers in order to provide the needed education for EMR pupils in their rooms. Regular classroom teachers seldom suggest that EMR children be removed completely from their rooms. When removal does seem necessary for a child, the request is usually made on the basis of a jointly planned educational program rather than arbitrary considerations.

Functional grouping of children is accepted in principle by Tacoma's professional staff. The current Professional Agreements include the statement, "It is agreed that

multi-age grouping is a desirable form of school organization" (p.51).

The flow of pupils between regular and special education teachers is in both directions. When there are pupils in regular grades whose academic performance or social behavior puzzles their teachers, special education teachers respond directly by giving assistance in diagnosing and recommending remedies to be tried by their regular class colleagues. It is not strictly a one-to-one exchange; the entire school faculty has grown to expect all members to share their competencies and resources.

The Professional Agreements could operate to limit inclusion. They include regular class size maximums which could be invoked to prevent the assignment of handicapped pupils to classes at the maximum level. Generally, however, Tacoma teachers and principals practice inclusion under the flexibility allowed by the following additional provisions of the Professional Agreements:

> This maximum class size shall not apply to classes where the staff and administration in a specified school have agreed on variations in curriculum, instructional methods and/or staff organization necessitating a larger class size (p. 52).

Mainstreamed EMR pupils in Tacoma start the day with all other children in heterogenous report rooms. All EMR pupils are carried administratively on a special education teacher's roll in order to assure accurate accounting for state report purposes. Nevertheless, three-fourths of the city's EMR children are physically in regular report rooms each morning and they remain with regular pupils most of the day, leaving only for special instruction which cannot be provided in regular classes. This evidence indicates strongly that the response of teachers to mainstreaming has been positive.

STAFFING SPECIAL EDUCATION PROGRAMS

Tacoma's special education leaders made a point of employing persons from the mainstream as supervisors and program coordinators. Deliberate cross-breeding demonstrated their commitment to blending special and regular education.

An example that verified the determination to apply progressive inclusion came when an elementary school principal, who was noted for success in merging handicapped children into the regular program, was named as head of special education for the school district.

The Personnel Division highlights progressive inclusion in its publications and presentations to attract teachers to Tacoma. Both regular and special education recruits are aware that they are joining a system dedicated to high-quality education in which all children participate together to the fullest extent possible.

RESULTS

Decentralization and progressive inclusion are operating principles in Tacoma. The first principle has been accomplished to the extent feasible with contemporary educational technology. The second principle also is short of 100 percent application but it is well established, widespread, and growing.

Mainstreaming to a certain degree, is a concept that overlaps with decentralization and progressive inclusion. Had the Tacoma approach been described in professional literature as it started and progressed, conceivably it would have been much more widely recognized as a set of principles that are basic to the accommodation of handicapped children as an integral part of public education. Be that as it may, Tacoma now offers a model that deserves close examination by any school system considering the move to the mainstreaming direction.

IV
Richardson, Texas

Richardson, Texas, is a rapidly developing community bordering on Dallas. Between 1960 and 1970, the population increased about 288%.

The school officials there speak of the integrative process and decentralization as the means by which they are bringing special education as needed to EMR pupils who are dispersed among all the other pupils in the district. The two concepts began to be discussed in 1968-1969.

IMPORTANCE OF ATTITUDES

A key problem that had to be solved in the first year arose from the attitudes of school principals. The traditional special education organizational pattern had fostered in them a separatist point of view. Because they had had little to say about the operations of the special classes in their schools, they regarded the special education department as, in effect, renting some space in the building and operating a program which was relatively unrelated to the rest of the school. This attitude was also reflected by the children and teachers; in the curriculum, budget, instructional materials, and allotment of supplies; and often in the actual daily schedule of opening and closing, use of the cafeteria, and similar matters. Thus the principal was conditioned by the circumstances to feel little responsibility for the handicapped pupils in special education. In fact, some principals had developed a degree of antagonism toward special education; most simply accepted it; and only a few made the program part of the school despite organizational obstacles.

The turn-around in the attitudes of principals was accomplished by the literal decentralization of special

education, that is, by placing the control of resources directly with principals at the local school level and vesting in them the responsibility and authority for arranging educational programs for all pupils, handicapped or not.

DECENTRALIZATION IN OPERATION

As the term is used in Richardson, decentralization means that the local school principal has total responsibility and authority for special education in his school's attendance area. Nothing is held back. A principal, for example, may be allocated five special education teacher units and one special education support unit and it is up to him to decide on the use of the authorized package. After consultation and review of the school's special education needs, he must let the personnel director know the kinds of qualifications which are desired in the staff to fill those allotted positions, that is, whether the school needs a speech therapist, counselor, diagnostician, or an EMR-trained teacher; more than one of them; or a person with some other specialization.

In addition, the authority over special education funding has been decentralized. All such funds are now shared among and budgeted to the local schools for their use. For example, a building principal can call a specialist in learning disabilities from anywhere outside the district and arrange for him to come to the school as a consultant, an inservice trainer, an adviser on instructional materials development, or in any other legitimate professional role. The only constraint on spending the funds for staff development is that it must be divided equitably across special and regular education.

THE INTEGRATIVE PROCESS AND PLAN A

The idea of trying integration in Richardson came originally from the professional staff. The director and staff members in special education found that the inflexibility of the all-or-none placement practices often prevented the individualization of instruction certain children seemed to need. They were looking for a way to blend the talents of regular and special teachers to help children.

Richardson began its integrative process a year before the State of Texas adopted and implemented the same inclusion policy statewide through what has come to be called Plan A. Richardson's procedures proved to be generally compatible with the state program.

Among the 17 major recommendations that came out of the state education agency through Plan A were three which had decisive impact in the direction of inclusion.

—Discontinue labeling and categorizing children. (Do not label one child as brain injured, another as emotionally disturbed, a third as mentally retarded, etc.)

—Shift the emphasis from the handicapping condition to the educational needs of each child. (Discontinue emphasizing the fact that a given child is crippled. Instead, assess his invididual needs and program his education accordingly.)

—Shift the emphasis from the self-contained special class to mainstream or regular education facilities. Where a handicapped child can achieve, provide him with an education in the regular school program with modifications and support as needed.

Because what happened in Richardson is linked to the leadership emerging from the state education agency in the form of Plan A, a summary of the Plan, taken directly from an official Texas Education Agency publication, is presented here (Table 1). Numerous other advantages are provided through the provisions, flexibility, and philosophy of the Plan A concept. Included among these is a strong commitment of the school district to work closely with the home and community in the planning and actual provision of services to children.

TABLE 1

*Plan A**	*Before Plan A**
1. Assistance to mainstream education: a. Plan A provides for services to all handicapped children. b. Through the provisions of Plan A, specialists are made available to assist the regular classroom teacher. c. Supplementary services may possibly be provided by: (1) helping teacher (2) resource teacher (3) teacher aide (4) counselor (5) visiting teacher (6) speech therapist (7) other	1. Assistance to mainstream education: a. More than one-half of the handicapped children were in regular classrooms. b. Most regular teachers received little or no special assistance with the handicapped children in their regular classrooms.
2. A commitment is made to provide comprehensive services to all exceptional children ages 3-21.	2. Only partial educational services were available to children ages 6-21.
3. Funding to school districts is allotted according to average daily attendance. For each 3000 children in ADA the school district is allotted 20 professional instructional units, 7 teacher aides, and 3 professional supportive personnel units.	3. Funding to school districts was allotted according to the number of handicapped children identified. Example: 8 Educable mentally retarded children—one teacher 60 Speech handicapped children—one speech therapist.

*Quoted from Comprehensive Special Education in Texas," Texas State Education Agency, Austin, Texas.

Plan A

4. Provisions are made for districts to form cooperative programs.
5. Program possibilities include:
   a. Visually handicapped
   b. Auditorially handicapped
   c. Minimally brain injured
   d. Orthopedically handicapped or any other health impairment
   e. Educable mentally retarded
   f. Trainable mentally retarded
   g. Emotionally disturbed
   h. Language and/or learning disability
   i. Pregnant students
   j. Speech handicapped
   k. Multi-handicapped
   l. Early childhood education for the handicapped
   m. Vocational training and job placement
6. Teaching positions include these:
   a. Self-contained class
   b. Resource class
   c. Helping teacher
   d. Itinerant teacher
   e. Homebound teacher
   f. Hospital class
   g. Other community facilities
   h. Diagnostic class
   i. Vocational adjustment class

Before Plan A

4. Cooperative programs were available but difficult to develop.
5. Program possibilities included:
   a. Visually handicapped
   b. Auditorially handicapped
   c. Minimally brain injured
   d. Orthopedically handicapped or any other health impairment
   e. Educable mentally retarded
   f. Trainable mentally retarded
   g. Emotionally disturbed (available only on a pilot basis)
   h. Not available
   i. Not available
   j. Speech handicapped
   k. Not available
   l. Not available
   m. Vocational training and job placement
6. Teaching positions include these:
   a. Self-contained class
   b. Itinerant teacher
   c. Homebound teacher
   d. Hospital class
   e. Vocational adjustment class

Plan A

7. Supportive positions include.
   a. Supervisor
   b. Counselor
   c. Psychologist
   d. Associate School Psychologist
   e. Educational Diagnostician
   f. Visiting teacher
8. Sufficient funds are available for appraisal of handicapped children, consultant, services, and special materials.
9. Exceptional children who spend more than half of their time in regular classes are eligible to be counted in average daily attendance.
10. Several Plan A districts are reporting the provision of services to approximately 20% of the school population.
11. By 1976, special services will be available to every exceptional child in Texas.
12. Provisions are made for districts to contract for additional or different services than those provided.

Before Plan A

7. Supportive staff positions were not available.
8. Funds were not available.
9. Children in special education classes were ineligible for ADA count.
10. Approximately 5-6% of the school-age population were receiving the services of special education.
11. Fewer than half of the handicapped children in Texas were receiving special services.
12. The possibility of contracting for services did not exist.

PIVOTAL POSITION OF ARD COMMITTEE

Each school in Richardson has an Admissions, Review, and Dismissal Committee. Spoken of as the ARD Committee, it is made up of no fewer than three persons from the local scene. The principal is the chairman and the usual members include referring and/or receiving regular class and special education teachers, counselors, diagnosticians, psychologists, and consultants. Only after a thorough admissions review and assessment of the child's abilities from an educational, social, psychological, and physical perspective, is he assigned to special education. Parents are also part of the ARD Committee; they are asked to help the Committee decide on their EMR children's needs and on the most suitable educational plans for them. The recommendation for their inclusion in the Committee, based on an administrative guideline, was initiated in 1972 for the purpose of involving parents in the decisions affecting their children.

The line responsibility and authority to arrange for a child's program of special education, place him in the program, and monitor the work of both child and teacher rest with the principal at the local school level. Much of his responsibility is implemented through the ARD operations. Normally, the ARD Committee meets three times on each new child: first, to hear and discuss the referral; second, to review the diagnostic findings; and third, to make decisions on the placement and long-range plans for the child. Although resources, help, advice, and support can be supplied from the central office, the basic operation of special education through the integrative process is at the local level.

When the diagnostic study team potential at the local school is insufficient for diagnosis and planning, the local ARD Committee can be augmented by other resources. A central ARD Committee, consisting of psychologists, social workers, and other specialists who are attached to the central office, often provides needed assistance to the local diagnostic team in the study of children and in determining educational prescriptions and placements for them. Generally, appraisals of children and the development of educational

plans for them are carried out by teachers and educational diagnosticians—specialists certificated in Texas on the basis of professional preparation to analyze and prescribe for school learning problems and their correction. School psychologists are involved in the procedures only about ten percent of the time.

During the first year an EMR pupil is being integrated, no matter to what extent, his status and progress are on the ARD Committee's agenda for review every two weeks. Such close scrutiny helps to assure quick action in case a pull-back or other change is needed.

GETTING THE INTEGRATIVE PROCESS UNDER WAY

Integration was not pushed hard during the first year it was started. The goal then was to locate any EMR child who was thought capable of succeeding in a mainstream class and to arrange the opportunity for him. The special education teachers reviewed the youngsters in each class and referred candidates for mainstreaming to the ARD Committee with suggestions for the degree to which and in what curricular area the pupils might best be integrated. The ARD Committee (including the teacher from the curricular area recommended for integration) reviewed the referrals and made the decisions.

"Stair-stepping," or integrating a little at a time, was the prevailing tactic. The ARD Committee tried to guarantee success by picking first the most likely curricular area and the most likely teacher for the EMR pupil's initial move into the mainstream. Stair-stepping was (and remains) the most common approach with EMR pupils who were in self-contained special classes when the integrative movement began.

ORGANIZATION FOR INSTRUCTION

Any of four basic instructional arrangements can be made for handicapped pupils in Richardson, and any can be varied to meet individual needs. The four arrangements are,

Self-contained special education programs: The special education teacher has total responsibility for the child all day, each day.

Integrated program: The special education teacher has responsibility for the child, but the child is integrated into the mainstream.

Resource program: The mainstream teacher has the responsibility for the child and the child may use special education resources which are supplied by a special education teacher for part of the day.

Helping teacher: The special education teacher goes into the mainstream class to form a team with the regular teacher for part of the day, joining in the instruction as needed. In open space arrangements, one or more special education teachers may team up with several regular class teachers.

Pupils may move from one to another of the four arrangements depending on the recommendations of the ARD Committee. Relatively minor adjustments can be affected as the four arrangements are not absolutely distinct but, rather, blend into one another.

The last three arrangements are entirely new. The first arrangement is a modification of what has been the self-contained *class* but is now a self-contained *program*. To illustrate: In 1969, about 260 pupils were enrolled in 26 self-contained classes in Richardson. In 1973, self-contained classes no longer existed but approximately 20 EMR pupils were in self-contained programs. They spent all day with a special education teacher who had other EMR pupils coming to the same room during the day on variable schedules. So even EMR pupils in a self-contained program had daily contact with other children who were being mainstreamed part of the day.

With the 1970-71 school year opening, several principals began to distribute all identified EMR pupils among the regular homerooms or report groups. Hence integration was total each day for the morning report period. The move was initiated by the principals themselves as a result of discussions on how they could involve in the integrative process, at least minimally, some regular class teachers who had persistently refused to try including EMR pupils in their rooms. The teachers were advised that they could get help from special education, even up to having the pupils

spend 90 percent of the time on a schedule in a special education room, but the child was to be viewed as a member of the regular class. He was to go out for assistance as needed and as arranged for by and at the request of the regular teacher. This reversal of roles, with the regular teacher initiating requests for aid from special education rather than the special education teacher asking for the regular teacher to allow some mainstreaming, turned out to be a factor of crucial importance. Initiated at first by a few principals, the approach is now in general use in the school system; it encourages and produces the basic attitude that all children, before any other consideration, belong fundamentally to the whole student body.

RESISTANCE TO MAINSTREAMING

Parents were initially somewhat negative toward mainstreaming. Some had gone through bad experiences earlier with their children who had been in regular classes and they had found that special classes, despite the segregation, offered a haven of understanding and professional competence to deal with the children's educational or behaviorial difficulties. They were loath to expose their youngsters again to what had been a most discomforting time in the regular grades. Therefore, the spring before the September mainstreaming was started, a series of five meetings was held with parents to satisfy their concerns. The concepts of decentralization and mainstreaming were discussed and the parents were assured that only those pupils who were expected to profit from the experience would be mainstreamed.

Among the teachers of self-contained classes for EMR pupils, about one quarter were quite reluctant to yield their autonomy for a change with unknown consequences. They felt that they were doing effective jobs and were supported by satisfied parents. Initially, they were not persuaded that mainstreaming would better the education of the children in their charge or better their own professional contributions.

Regular class teachers were more willing, generally, to try mainstreaming when the concept was first discussed. Teachers

and parents expressing reluctance to join in the change were not pressured. Enough teachers were willing to try the new approach. Their example and the satisfaction they expressed were often sufficient to convince the reluctant teachers. Over the period of years since the program's initiation, acceptable adjustments have been found for those teachers who presented problems at the beginning.

MAINSTREAMING OF SPECIAL EDUCATION ADMINISTRATORS

Richardson educational leaders believe that it is impossible to achieve the effective and long-lasting integration of EMR and other children at the classroom operational level without the parallel merging of functions at the school system administrative level. When mainstreaming was launched in 1969, special education was a completely separate administrative unit, as were regular school programs which were encompassed by a department of curriculum. Short of the final reporting level, there were few occasions for interaction between the two units. The parallel structure at the central staff level extended to specialists. For example, counselors for the handicapped were separated from counselors for other children; consultants for the handicapped were separated from consultants for teachers of regular pupils; and psychologists were allied to special education rather than to the rest of education. Although the integration of children was agreed to verbally, certain practical obstacles could be seen in the behavior of some of the professional persons responsible for engineering the merger. There were misunderstandings, feelings of territorial boundaries being violated, wrenching alterations in job responsibilities, and other similar matters to be faced and worked out during the first year.

Perhaps the most significant corrective step was the reorganization of responsibilities. The position of director of special education was revised and made the director of instructional services. The new position included much that had formerly been the responsibility of the director of special education plus a number of additional responsibilities. Similar alterations were made in the job descrip-

tion of the director of curriculum. There was written into each of the two job descriptions the sharing of responsibility for the integration of special and regular education. The reassignments of responsibilities made each director somewhat dependent upon the other; neither could maintain alone a complete and separate educational system as he had under the earlier administrative pattern. In the new organization, the two directors were a parallel levels and both reported to an assistant superintendent for instruction.

INSERVICE AND CONTINUING EDUCATION

Not every principal was expected to make a success of the decentralized and integrated program immediately. Consequently, the central office provided inservice preparation, encouragement, and technical assistance to principals as the program was initiated. Some of the most effective continuing education was that in which successful, creative principals were used as group leaders for inservice sessions.

At the time the decision was made to decentralize and integrate, a five-year contract for an Instructional Leadership Institute was made with a major university. The Institute provided regular group and individual instructional sessions for the entire administrative staff, including all principals, on such basic special education concepts as individual differences in learning potential, personal and social effects of handicaps, local school needs assessments, curricular modifications, adapted instructional materials, and expectations for various specially trained teachers. These meetings have been conducted on a group basis nine full days each summer. And, because principals and others differed in how far along they and their programs were toward decentralization and integration, provision was made for individualized inservice programs for specific schools one day a month during the school year. This activity is credited with improving the administration's ability to assess needs, coordinate into a team previously separate staff functions, develop excellent programs, and provide continuity in the effort to bring about special education on the Plan A model.

During the first year, three weeks of inservice education for professional personnel focused on the organization and function of the ARD Committee. The training permitted special and regular education teachers to work together simulating the new situation, and then to move into the actual planning of some mainstreaming for children in self-contained classes. That work is credited with going a long way toward breaking down resistance among teachers and helping them and other staff members to learn to plan and act in concert.

RESULTS

At the end of the 1972-1973 school term, 90+ percent of EMR youngsters in Richardson were integrated at least 50 percent of each school day. Some were totally the responsibility of the mainstream and many others were integrated as much as 80 percent of each day.

Under the earlier pattern of centralization and segregation, the program at the local school was a bland consquence of central office direction sometimes enlivened a little by the individuality of the teacher in the program. Now, the program is the creation of the local school and it reflects the educational point of view of the local principal and faculty.

V
PLANO, TEXAS

This Texas community with a little more than 9,000 school children lies on the edge of Dallas. Recently, it has gained 2,000 pupils a year. Predominantly middle class, with a range of from very low to very high socio-economic levels, it exemplifies hundreds of suburbs across the nation. The four percent of Plano's population which could be classified as economically and socially deprived is primarily Black with smaller numbers of Mexican-Americans and Whites. The three percent rated economically and socially advantaged includes representatives of all ethnic backgrounds (Plano Independent School District, 1971-1972).

The Plano superintendent of schools and the state director of special education held very similar views on the education of exceptional children, views which they had developed over many years of professional association. The move to integrate special and regular education, sponsored by the state education agency, found Plano a willing participant. (For a description of the Texas State Program, Plan A, see Chapter IV.)

INITIATION OF MAINSTREAMING

The first substantial step toward mainstreaming in Plano came shortly after the institution of special education for children with minimal brain injury (MBI). The superintendent asked that the MBI instructional organization allow the children to remain in regular grades and to go from them to resource rooms on individual schedules. MBI pupils did not have special education teachers as report room teachers and they were not grouped in self-contained classes.

The successful mainstream approach to MBI children stimulated the director of special education, the lead teacher of a fourth-grade team, and one of the teachers of EMR children in a self-contained setting to test the concept during the 1968-1969 school year. They started by inviting the self-contained class of EMR pupils to see a movie with the regular classes in their instructional area of the building. The teachers then talked over the ways in which they might work together and they agreed to give mainstreaming for EMR pupils a try in a program similar to that for MBI pupils. The test run of mainstreaming was discussed with the parents and they were agreeable.

Plano has team teaching across the system in elementary schools. So the 15 or 16 EMR pupils in the class were merged with other elementary pupils and the special education teacher joined the team. A school district publication for parent orientation described the teaching approach ("Welcome to the Plano Independent School District").

> The hard walls between classrooms have become folding doors. Specially arranged in groups of four or five "classrooms," groups may be brought together for presentations which are effective for a large number of children. By the same token, the size of a group may be varied from hour to hour and course to course, according to the needs of students. Teacher aides and student teachers from several nearby, major universities also help the professional teachers in seeing to individual needs and breaking large groups into smaller ones for discussion of materials, extra help when needed, or to follow a special interest held by only a few of the students.

It was into such a setting that the formerly isolated EMR pupils were moved. The integrated EMR pupils were mostly 10 to 11 years of age, although one boy was 14. The special education teacher was not identified as such to the general group of children. The EMR pupils joined low-reading and low-mathematics groups. The special education teacher, in her own words,"...started out mainly assisting the other teachers in planning for all children in those low groups." Also, the special education teacher became the art teacher for all the children for whom the team was responsible. In addition, the special education teacher was

drafted by the others on the team to help with the plan for social studies, one of the larger curricular areas in which EMR pupils could be integrated.

Each team member was responsible for a homeroom group that contained three or four EMR pupils. If one teacher was making a presentation, the special educator rotated as needed, helping all children, as did the other teachers. The team noticed that the EMR pupils made very satisfactory academic gains during the year. The members of the team were most pleased by what they called "just phenomenal" social gains. They were particularly impressed by the manner in which the EMR pupils learned to understand the need for group standards of behavior if they were to enjoy the privileges of movement and friendly interaction in the open space areas. The teachers observed that the leaders of the regular class pupils were taken as models by the EMR pupils.

Some of the EMR pupils were able to work with groups of other children in language arts, particularly spelling. But from time to time the special education teacher would draw off some of the EMR pupils to an adjoining staff room for more individualized instruction. Even in those instances, however, the EMR pupils were not isolated because some of the regular class pupils with similar learning problems joined the group. And some of the high-achieving children offered to help in pupil-to-pupil tutoring.

The special education teacher made a time available daily, usually between 3:00 and 3:30 p.m., when many youngsters were getting ready to catch the bus, to "just talk" about any matters the pupils wished. That, plus the use of the staff room as an occasional resource room, added to the special education teacher's opportunities to maintain continuous monitoring of the EMR pupils' problems and progress.

SYSTEMWIDE APPLICATION OF MAINSTREAMING

Currently, in all elementary schools, special education teachers are regular members of teams which often cover

two or more grades. Regular class teachers have become much more sophisticated about dealing with EMR pupils in an integrated setting. Integration is helped greatly by recent improvements in curriculum and by the correlated instructional materials. For example, the mathematics continuum is sequenced in small steps all the way through the grades. If a teacher is working with third graders, but an occasional pupil requires first-grade instruction, the teacher can pull worksheets for that level. Thus, all pupil needs in mathematics can be accommodated in the same setting because the material is readily available.

In 1968-1969, there were ten special education classes in elementary schools for educable and trainable mentally retarded pupils in Plano. All were self-contained. No secondary schools had such classes or any other provisions for EMR pupils, although the need for them was acknowledged. By the spring of 1973, approximately five years later, all known EMR pupils were receiving individualized special education at whatever level they were enrolled in the school system. The great majority were in the mainstream receiving help from special education teachers. Most entered first grade with all other children and remained regular class pupils; nevertheless they were identified and given special help as EMR pupils.

Some Plano pupils are not able, educationally or socially, to profit from a mainstream approach. For them, other arrangements are made, arrangements that combine the present benefits of a self-contained setting with the prospect of movement toward more contact with their regular class age peers. The three settings serve the following groups of children:

1. Two groups of handicapped children between 6 and 14 years of age. These youngsters may have any of a variety of handicapping conditions—mental retardation, emotional disturbance, hearing loss—and they are judged to be not yet ready to participate in regular classes for half or more of the school day. This conglomerate group is serviced by special education teachers and aides at a central location to which the children are transported. The program is highly individualized; a major goal is to help the children

develop the skills and competencies that will allow them to be moved into regular classes. It is in this setting that some of the most ingenious instructional arrangements are hatched, inventive procedures that add to the professional staff's knowledge of how to maintain handicapped children in the mainstream with comfort and optimum achievement, despite obstacles posed by the children's difficulties. Instructional arrangements, invented or adapted in this setting, are field tested with these pupils for short periods in regular classes in the school in which the center is located.

2. *One group of children between 12 and 17 years of age.* These youngsters combine the characteristics of EMR and emotionally disturbed or socially maladjusted children to the degree that regular classroom activities are too challenging and demanding to permit them a reasonable degree of success, for the time being. The chief program characteristics of this mainly self-contained class are maintenance and further development of academic skills, plus behavior retraining toward more effective social habits and attitudes. The pupils continue in contact with their regular class teachers through conferences which are held on the average of once every month or two.

3. *Classes for multiple or severely handicapped pupils.* Special training is provided for a group of pupils aged 18 to 21 years in a sheltered workshop. Even children who appear at first to be in the trainable range are encouraged to show what they can attain academically and socially; sometimes they are also moved into the mainstream for the kinds of activities at which they excel.

The special education teachers in Plano have their own variation of the meaning of self-contained, however. If the occasion arises, perhaps because of a particular and usually temporary social behavior problem coupled with a learning problem, an EMR pupil may be scheduled for a time to special education only. During this period he will be seen by three or four different teachers every day. Thus the youngster can remain on the neighborhood campus while he is effectively self-contained. The procedure is in use with approximately five percent of all EMR pupils at any one time.

SPECIAL EDUCATION LABELS AND CATEGORIES

Labeling is almost a thing of the past in Plano.* The mainstream and Plan A teachers (a term replacing special class teachers) discuss pupils in terms of what each child can do and what he needs to develop. This functional, educational orientation extends to involving the pupils themselves in the identification of abilities and needs. The approach often leads teachers and pupils to realize that "academics" is not a child's problem most in need of solution.

Mainstreaming has been an operating practice for two or three years in the Plano schools. It involves all kinds of handicapped pupils. One impressive result is that directors, supervisors, and teachers have all but lost the habit of speaking of the youngsters in terms of categories like EMR, crippled, and so on. Except for annual statistical reports, labeling by type of exceptionality is essentially nonfunctional for educational purposes.

PARENT REACTION TO MAINSTREAMING

Initial parent reaction to mainstreaming was reported to have been positive but of two distinct kinds. A number of the parents were from disadvantaged backgrounds and they had little self-initiated contact with the schools, typically. When asked if they would approve a change to mainstreaming they were compliant. A number of other parents were quite aware of the special education label borne by their children and sometimes they had been antagonistic toward the schools because of it. They were enthusiastic about the suggested change; many felt that their children necessarily had not been correctly placed in classes for the retarded in the first place. Since several of the special education teachers also questioned the placement of some of the children in their classes, they reinforced the parents' views.

Parents of handicapped children now meet monthly with teachers although they may arrange conferences at other

*A similar result followed integration in the North Sacramento School District in California (Bradfield, Brown, Kaplan, Rickerts, & Stannard, 1973).

times. Parent volunteers are welcomed to serve as helpers during the school day under the supervision of teachers, and many do. They may work in the setting with their own children, if they and the teacher consider it advisable. The fact that special education is brought to the child at the neighborhood school appears to have been an important factor in bringing more parents into the schools for interactions of all kinds.

IDENTIFICATION AND ASSIGNMENT OF PUPILS TO SPECIAL EDUCATION

Until the advent of mainstreaming, children were assigned to EMR self-contained classes solely on the basis of intelligence quotients derived from individual tests administered by psychologists. The regular classroom and special education teachers were consulted nominally, but the psychologist and director of special education actually made the placement decisions largely on the basis of IQ. Now, in the Plano schools, as in other Texas school systems participating in Plan A, the Admission Review and Dismissal (ARD) Committees plan pupil assisgnments.

Plano makes special use of the lead teacher in connection with ARD activities. "Lead teacher" is the title given to the head of the team of special education teachers on every campus. (There is also a lead teacher for each grade grouping of regular class teachers on each campus.) The special education lead teacher and the referring teacher collect the needed background data on any child who is referred from a regular class for consideration for special education. The lead teacher performs psycho-educational testing on the child also, should it be needed. The lead teacher observes the child in class to help clarify the reports of the referring teacher, conducts an informal assessment, and perhaps carries on diagnostic teaching with the child, all the time working with the teacher or teachers who called attention to the child in the first place. After the lead teacher feels satisfied that all the possible relevant data have been collected, a session of the ARD Committee is scheduled. The ARD meeting tries to decide on the best

instructional program arrangement to deal with the child's educational problems and needs. Placement in special education may be either incidental or crucial, depending on the nature of the educational problem.

Thus, the special education lead teacher is regarded as a master teacher who is a member of the teaching faculty and serves in a distinctive assignment that parallels the other teachers. Each lead teacher spends about half the time in direct teaching activities with the children. The other half of the time is devoted to assessment, chairing the teaching team, taking referrals, conferring with parents, locating or devising needed instructional materials, working with the diagnostician, and helping other teachers on the team with particularly difficult teaching problems.

The educational diagnostician often joins the lead teacher in both assessing and preparing educational plans for a pupil. The diagnostician is a specialist in individual psycho-educational testing, especially as it relates to school achievement in skills and content. Also, the diagnostician is expert in drawing upon the findings from psycho-educational tests to write prescriptive instructional programs. The lead teacher and diagnostician confer on who will conduct what tests, make what observations, and how they will collate their data. The educational diagnostician is a resource person for teachers and especially for the lead teacher, in the matter of assessment. One educational diagnostician serves approximately three schools.

Early identification of handicapped pupils is made easier because Plano operates classes for 3-, 4-, and 5-year olds who can be so identified. In addition, the school system uses local newspapers to advertise its interest in locating handicapped children early. More and more referrals are engendered by the publicity each year. In 1973, 85 children were in the preschool group. The special educators watch the children in the preschool closely as they approach kindergarten age. Handicapped pupils enter and continue in regular kindergarten, with supporting special education services, unless some other arrangement proves more desirable.

Public kindergarten is available statewide, according to present law in Texas. Before the law was enacted, however,

Plano school officials recognized that merging the schooling of handicapped children and their normal peers was desirable as early in life as possible. Therefore, integration is in effect at kindergarten level across the school district, except for those few youngsters judged to be not ready for it.

TEACHER LOAD: PUPIL-TEACHER RATIO

The local school faculty exercises a great deal of self-determination in the number of pupils, regular and special, which is assigned to any teacher. Within the broad limits of the systemwide pattern, individual school faculties arrange pupil-teacher groupings in terms of the tasks to be accomplished.

The main vehicles for determination of teacher loads are team teaching and the ARD Committee. Decisions made within teams and in the ARD Committee are essentially teacher-made. They may result in one teacher having a fairly large group of perhaps 30 pupils for a significant portion of a term for a certain curricular area. Another teacher may have only 12 or 15 pupils for a similar curricular responsibility. But the first teacher will have only two or three mild learning disability problems among the 30 while the second may have five or six seriously disruptive or markedly academically retarded pupils in her smaller group. The distribution of responsibilities, with the resultant variations in numbers of pupils assigned, is the result of team and ARD Committee deliberations in which the teachers themselves have been the chief participants.

The special education teacher helps not only with identified special education pupils, but also with other children. As a matter of policy, the special education teachers also assess and teach regular class pupils, especially those who are having difficulties, according to their regular class teachers, and who may be subsequently eligible for special education. The skills and competencies of all teachers are shared as much as possible; this cooperation is the chief consideration in determining how many pupils a given teacher may have at any particular time.

TRANSPORTATION

Before adopting mainstreaming, the Plano schools transported EMR pupils around the community to self-contained classrooms. Beside being expensive, the busing was a constant source of irritation to parents and an added administrative burden. Now that the EMR pupils are educated on neighborhood campuses, the need for the transportation system has been sharply curtailed. The annoyances related to transporting EMR pupils have diminished and the funds previously put into gasoline, drivers' salaries, and maintenance of equipment can be spent on matters more directly connected with the education of children.

RECRUITMENT AND ORIENTATION OF NEW TEACHERS

It remains difficult for new teachers, particularly special education teachers, to appreciate at first the degree to which they are expected to cooperate with other teachers in dealing with handicapped pupils. The self-contained class concept still seems to dominate higher education institutions, if the judgement is made on the basis of the competencies displayed by newly graduated special education teachers of EMR pupils. As a result, the Plano special education supervisory staff supports building principals in the conduct of orientation sessions and in allowing some new teachers to begin the first year with a greater degree of separation from the rest of the team than others. New teachers usually become more confident in relating to regular class teachers and pupils in a fairly short time.

INSERVICE EDUCATION

Each year the school district arranges for 12 credit hours of professional courses for special and regular education teachers. It proved necessary in the past to design courses to suit the needs of Plano's teachers because the usual college courses were not sufficiently attuned to Plan A concepts. College and university faculty members have cooperated by allowing the local course content to be determined largely by what people on the scene indicate is needed and by using local school district staff in the instruction.

ELEMENTARY AND SECONDARY SCHOOL PROGRAMS

Integration impetus came first in the elementary schools and mainstreaming developed there fast and fully. The same mainstreaming principle is applied in secondary schools, however. Resource rooms have been established in junior and senior high schools. Special education teachers also work in parallel with regular teachers in their classrooms, assisting with pupils who are having difficulties. In the various vocational education offerings, including planned work-study programs, the integration of EMR pupils is almost complete.

VI
TUCSON, ARIZONA

In 1970, Tucson listed 20 self-contained classes for EMR pupils in elementary schools. In 1973, only three such classes were still in existence, yet many more pupils were being provided special education than ever before. The turn-around had been initiated on professional grounds several years before but it was hastened by questions from the Department of Health, Education, and Welfare's Office of Civil Rights on the apparent disproportion of Blacks, Mexican-Americans, and Indians who were enrolled in special education classes for EMR children. A comparative count of pupils showed clearly that the questions were well founded: the disproportion was evident in all classes and on the waiting lists.

Yet Tucson and most of its citizens were justifiably proud of the fine record of achievements made by the EMR classes. Should they be abandoned? Should admission quotas be established for each minority and majority group? Should some minority children who were gaining in achievement every day be separated from the teachers who were helping them?

BEGINNING OF MAINSTREAMING

A possible different solution surfaced. It was triggered during 1968 when a few elementary teachers of EMR pupils found ways to merge some of their more able pupils with regular classes for parts of the school day. Through informal team work, regular class teachers helped with special education pupils and special education teachers helped with regular class pupils who were not achieving up to par.

Formal moves toward mainstreaming began in earnest in 1969. Inservice meetings were initiated to prepare regular class and special education teachers for the change and attitudes were surveyed. Staff members and many teachers were found to be acceptant of some form of educational integration for many EMR pupils and parents were pleased with the idea. The transition from separate special education to an overlap with regular education was under way. In May, 1970, the Board of Education approved the following key concepts (Ganoung, 1971):

1. Reorganize special education and name it Adaptive Education.
2. Program educable mentally retarded pupils into regular classrooms, with special teachers organizing and implementing individual remedial services on a daily basis.

A general program statement was included in the 1970-1971 Adaptive Education Annual Report ("Integration of Special Education Children Into Regular Classroom," 1970).

> Each (EMR) student will have a class schedule designed for his individual needs—not necessarily moving in a class group, but moving in and out of regular classes on an individual ability basis. The scheduled activities are to be developed by the special teacher with approval of principal or counselor and regular teacher involved.
>
> Any teacher who accepts a special education student in the regular class may send an equal number of children needing special help to the special education teacher.

The number of EMR pupils on the special education teacher's roll was recommended to be no more than 15 at any one time. Three of the four recommended organizational models proposed that EMR pupils be merged with other pupils in report rooms; the other would have had EMR pupils report to a special education teacher before joining regular classes on an individualized schedule. One model called for no special classrooms at all and the special teacher working only in other teachers' classrooms.

ORGANIZATIONAL PATTERNS SUPPORTING INCLUSION

The organizational patterns which have actually emerged are as follows:

Self-contained classes: elementary. A few classes are maintained in strategic parts of the city to accommodate young EMR pupils not yet ready for any kind of integration.

Self-contained classes: secondary. The number of such classes varies but is small. Special education teachers instruct pupils who are not able to be integrated.

Resource rooms: elementary and secondary. Teachers of EMR pupils work with regular class teachers. They supply instructional materials, take part in team teaching. They help with pupils from regular classes who are having learning problems but who are not regarded as retarded, also.

Approximately 95 percent of EMR pupils in the elementary years are now mainstreamed for two-thirds or more of the school day. The same is true of 75 percent of EMR pupils at the junior-high level. At the senior-high level, about 25 percent are mainstreamed for more than two-thirds of the day.

REGULAR CLASSROOM TEACHERS FOSTER MAINSTREAMING

A staff report* from Safford Junior High School on November 4, 1971, exemplified the way the mainstreaming concept was catching on among regular class teachers.

Statement of the Problem:

There are students at Safford Junior High and Safford Elementary who are experiencing a great deal of difficulty in learning, despite personal efforts on the part of the students themselves and the efforts of the teachers. There is concern on the part of the staff at not being able to meet, to maximum effectiveness, the educational needs of these students.

A few of these students were formerly adaptive-education students who were placed in regular classrooms last year. Others have been referred for special testing but not placed in adaptive-education classes. Still others have never been referred for testing but still exhibit difficulty in learning.

Purpose of the Staffing:

The staff at Safford Junior High does not desire the creation of special adaptive-education classes at Safford that

*This and other communications quoted in this chapter were kindly supplied by staff members of the Tucson Schools.

would isolate these students. There is evidence that several former adaptive-education students are making remarkable progress in regular classrooms.

The present educational structure at Safford is showing some very positive results with *most* students. The pervasive philosophy of Safford's educational structure is based on a positive theory of expectations. For this reason, the emphasis should be on the problems which exist that can be tried without greatly disrupting the present structure. The staff at Safford wants to reach *all* students and will welcome any recommendations that evolve from this staffing.

Another purpose is to bring together the expertise of several people to seek a solution to problems that are other than ordinary. It is hoped that this staffing will provide some insight into this kind of problem-solving.

There are, no doubt, other schools with the same problem. The information from this staffing can be shared with other schools in the district.

FORMAL INITIATION OF MAINSTREAMING

Could a way be spelled out to join special education and regular education so all EMR children could profit? A way that would dispel the stigma of separate special classes, would include all children who seemed to need special help, and would maintain high quality instruction?

On March 7, 1972, the parents of EMR pupils in Tucson received the following letter from the Supervisor of the Department of Adaptive Education:

Dear Parents:

Some of you have called this office and I expect that many more of you are concerned about plans for your child next year.

Briefly the situation is this:

Studies which have been done in other parts of the United States, have shown us that many of our mildly retarded students can learn more when they remain in normal classrooms for a part of each school day instead of being segregated all day long. It has also been proven that their morale is higher when the label and stigma of being in a segregated class has been removed.

We are going to evaluate each child who is now in an Adaptive Education class and also see whether or not his/her teacher and principal feel that he/she might be able

to cope with a regular class for *part* of each day beginning next fall. In many cases if the decision warrants it, the students will be returned to their neighborhood schools and will no longer need to be bused to distant buildings.

All students who are returned to regular classes on a *part-time* basis will receive special tutoring from an Adaptive Education teacher in that building. This special help will be given on a regular basis in the areas of reading and math. Each child's problems will be considered on an individual basis.

All parents will be informed by letter in May or early June if their child appears to qualify for this change in program. If you do not receive a letter from this office at that time, you will know that no change is planned for your child. If you do receive such a letter and wish to talk about it with me, please feel free to call this office at 791-6253.

If your child is moved into this new situation and, after a reasonable amount of time has elapsed, we find that he is not making as much progress as he formerly did in a segregated class, please be assured that he will be returned to the same or a similar self-contained Adaptive Education class. We are only concerned with the progress of each child and our goal is simply to make available as many ways as possible to accomplish the best for each child.

Four related moves were made in concert with the preceding notification to change the style of education for most of the mentally retarded pupils of the city. The help of regular classroom teachers was enlisted; state department of education coordination was affected; special education teachers were prepared for changes in their roles; and elementary and secondary school principals' help was obtained.

Tucson's teachers and administrators, regular and special, were keenly aware that social and economic conditions restricted opportunities for many Indian, Black, and Mexican-American children and for some White children also. Most regular classroom teachers wanted to increase the opportunities for these children if they could.

"Special Education" was replaced by "Adaptive Education." The change was more than nominal. In meetings held with each elementary and secondary school faculty the building representatives of the Tucson Education Association

were key participants. It was plain that a different point of view about handicapped pupils was emerging.

Special and regular educators believed that psychological tests, even the most carefully applied individual tests, too frequently classified children as mentally retarded. The real culprit was the child's lack of experience and preparation, not a fundamental lack of learning capacity. Thus adaptive education was aimed at remedying the child's condition to the fullest extent possible.

Regular class teachers in Tucson responded to a person-to-person interview on including EMR pupils in their rooms. The responses ranged from outright rejection of the idea to qualified acceptance.

1) I am not academically or professionally prepared to service handicapped children.
2) I already have too many children in my classes
3) To do a satisfactory job, would need emergency support available in a few months.
4) To do a satisfactory job, would need to acquire added competencies to cope with problem.
5) I would need additional help in the form of personnel.
6) I would need more teaching materials and supplies.
7) I would need more time for preparation.
8) This would be a challenge.
9) I'd like to try it if I had supportive help.
10) I'm fearful, but I'll try.
11) The idea sounds interesting, but I need more information.
12) I don't want children who cannot learn academic subjects.
13) Such children would be too frustrating to me.
14) I refuse to accept such children under any condition!!

The responses, more than half of which indicated that regular class teachers did not reject the idea absolutely, were used as a basis for mounting inservice courses. Some were conducted through the University of Arizona and others were informal sessions presented by the staff of the Tucson Public Schools.

Communication with the Arizona State Department of Education was kept open. The state special education regulations seemed flexible enough to permit the kind of

integration which Tucson wanted. In order to ensure support from the state, the following formal statement was sent to its department of education:

Department of Adaptive Education
Tucson School District One
Request for Approval of Funding
1972-73

PROGRAM DESCRIPTION
OF RESOURCE ROOMS

Goals and Objectives of the Resource Program

The goal of the Resource Program is to offer assistance to students needing support in basic subjects on a daily basis while allowing them to spend a portion of the school day with their peer group. The objective is to enable these students, who have been classified as educable by qualified school psychologists, to receive assistance from a certified special education teacher using special materials and techniques to attain success in a school setting.

Each resource teacher will have a class load of fifteen students only and will, therefore divide her time equally among the fifteen students.

The resource teacher will be responsible for assistance to these fifteen students by explaining their particular problems to the regular classroom teachers in whose rooms they spend a portion of each school day. She will provide materials and methods to help them adjust in the regular classroom situation. She will not only work with the students on a one-to-one or small-group basis daily, but will consult with the regular classroom teachers and aid the students in material covered while they are in the regular classrooms.

The evaluation procedures for placement in other areas of special education will be followed. These include screening, referral and evaluation procedures as outlined in the Administrators' Guide. A staffing will be held before any placement is considered and a review of placement will be made on a regular basis. Children involved will be grouped by age with the primary group covering ages 6-8, the intermediate 9-10 and the advanced, 11-12. They will function as mentally handicapped and will fall in the educable range.

Curriculum methods, materials and techniques to be used will be determined on an individual basis. Inasmuch as this is a large school district, great variation exists among the

schools. The resource teacher will attempt to adjust the program to be appropriate to each individual student within the framework of each particular school.

The program will be under the supervision of the Supervisor of Adaptive Education. An outstanding teacher, who served in the role of a resource teacher during the past school year, will be freed of all classroom duties to serve as Program Assistant to all resource teachers. This particular individual has a wide background in special education, as well as being qualified for certification as a school psychologist. In-service meetings are planned for all resource teachers to attend two hours each afternoon for the first ten days of the school year.

Each semester, children enrolled will be re-evaluated to determine their progress. Consultations will be held with parents in regard to the program provided for their children and parents will be included in the planning for the total program. Behavioral objectives will be set up for each individual child by his special education teacher and the child himself.

Regular class teachers from kindergarten to twelfth grade were now involved in special education. Inservice training had not reached all of them. Some of them were still uncertain of their roles. A memorandum focusing on their concerns was sent out at the beginning of the 1972-73 year.

FROM: Department of Adaptive Education

TO : Teachers Cooperating With Resource Program

I wish it were possible to speak individually with each of you.

I can well imagine that by now you have some serious misgivings about the resource program. Perhaps this informal note will reassure you and let you know that your concerns are understood.

These first days have been difficult, probably due to one or more of the following reasons:

a. Some of the students have been in small Adaptive Education classes for several years. They received much more individual attention than you can (or are expected) to give them.
b. The resource teacher in your building has been testing them and others who may need support. This has meant she has less time to spend with these students than desirable.

c. The students have not had sufficient work on their level to keep them busy while they were in your room.
d. Scheduling these students into the resource rooms has not been finalized so it has been hard for you to know which periods you need to plan for their inclusion in your classroom activities.

Please be assured that we are aware of these problems and many others which are of deep concern to you and to this department. May I offer the following?

a. The students will learn that their every request for attention will not be answered if you do ignore some hand-raising. This is a period of great adjustment for them, too. You can help most effectively by giving them equal time but not undue time.
b. Remember the resource teacher is the person who is responsible for their growth in the basic subject matter areas. Your assistance is of greater value in the development of social skills and adaptive behavior.
c. Very shortly, the resource teacher will know each child well enough to be able to furnish him with appropriate materials to be done while he is in the regular classroom without further directions from you. He may need encouragement to complete his work or reminders of the task to be done but it will not be necessary for you to give him specific directions.
d. It may be helpful to ask the resource teacher to come into your room and work with an entire group of low achievers who need the same kind of materials or methods as does the 'Resource' student.
e. The resource teacher will be happy to assist you by administering informal tests to other students in your room whom you feel have learning problems.

All of us are available to assist you in any way we can. We do appreciate your attitude and know you are finding these students challenging and very much like others already in your classroom. If a meeting would be helpful, we'll be very happy to arrange a time and place.

Since principals, too, needed reconfirmation of what could be expected from resource teachers, the new name for teachers of EMR pupils, the following memorandum was addressed to them:

FROM: Supervisor
Department of Adaptive Education

TO : Elementary and Junior High School Principals

There appears to be some confusion about the new kinds of adaptive education classes and the roles of both Resource and *Learning Disability* teachers. Information will be coming to you later in a more permanent form. It is hoped this will clarify some of your questions in the meantime.

Resource Teachers:

Primary function is to support pupils by teaching them on a one-to-one or small-group basis in the basic subjects for specific periods of time each day. Pupils for whom these teachers are responsible are functionally retarded and/or educationally handicapped to the extent that they cannot handle the regular curriculum without some special assistance and adaptation of materials.

Only fifteen pupils may be on the class register of a Resource teacher. However, she may work with many more informally. As a classroom teacher identifies other pupils who need the same kinds of support as those on the Resource Room list, she can plan with the Resource teacher so that the pupils are included in small groups receiving support. This help may be given either in the Resource room or in the regular classroom.

The Resource teacher is responsible for the progress in the basic subjects of the fifteen students assigned to her. She will provide materials to these students which they can handle while they are in regular classrooms.

Teachers who feel they have students who are eligible for Resource help should refer them through the request for student services channel. While this is being processed, the Resource teacher can begin to work with them, but will not add them to her class until this department has notified the school secretary that their names should be added to her class list.

Parental permission should be secured *in writing* before a psychologist administers any test for the purpose of establishing an I.Q. score. No permission form needs to be signed in order to do informal diagnostic testing or I.T.P.A. However, many principals prefer to inform parents before-hand.

It was expected that mainstreaming would take hold in elementary schools first and that junior and senior high schools would adopt the concept more slowly. That is

exactly what happened although the secondary schools in Tucson moved more rapidly than was anticipated. The result is a strong trend toward the educational integration of regular and special education in junior high schools and a definite swing in that direction in senior high schools.

PARENTAL CONTACTS

Close contact with parents, by personal conferences and letters, is a salient characteristic of Tucson's mainstreaming program. An example is this letter written in early 1972.

Dear Parents: re: (Name of Child)

In (Month) I wrote you explaining about the possible change in your child's placement for the coming year. As a result of the teacher's evaluation, observation and a conference between the teacher and myself, we feel that (Child's Name) would profit from being returned to a regular classroom for part of each school day beginning next fall.

Plans are being made for a Resource Teacher to give your child some special help on a daily basis. This change of placement will mean that your child can attend (Name of School) and will no longer need to be transported to a distant building. As stated in the previous letter, if this placement proves not to be an appropriate one, we will make a change after a reasonable amount of time.

I am happy that your child appears able to profit from this change and I am sure that you feel the same. If you should have any questions about this, please do not hesitate to call.

Sincerely,

Supervisor
Department of Adaptive Education

COMPARATIVE COSTS OF MAINSTREAMING

As far as Tucson authorities can judge, there is no important difference between the cost of educating EMR pupils in the older self-contained classes and in the integrated organizational style. Nor is there a difference in the state reinbursements.

MAINSTREAMING AND COLLECTIVE BARGAINING WITH TEACHERS

The systemwide impact of merging special and regular education could not help but be reflected in the relationships between the Board of Education and the Tucson Education Association. A collective bargaining agreement between the two organizations was first established in 1967 and in each year since then a consensus agreement has been added to the original contract. In 1970, the relation between special and regular education became the subject of an item in the consensus agreement.

> 11. Under the new proposed Special Education Program, no regular teacher will be required to take these students for any part of the school day prior to consultation with the building principal and the Special Education supervisor and without the consent of the teacher.

A measure of the professional reactions to the new approach to the special education of EMR pupils may be inferred from the fact that no grievance has been filed yet under the consensus provision.

RESULTS

In May, 1973, parents of EMR pupils in Tucson responded to the following 11 questions:

1. Do you feel your child is getting enough help from the Adaptive Education teacher in this building?	Yes____ No____
2. Do you feel he is happier in school this year than he was last year?	Yes____ No____
3. Do you feel he is learning as much as possible?	Yes____ No____
4. Does your child have many friends at school?	Yes____ No____
5. Does your child feel that other children tease?	Yes____ No____
6. Has your child been in trouble or sent to the Principal's Office for misbehaving this year?	Yes____ No____
7. Is your child a better reader this year?	Yes____ No____
8. If your child had been riding a school bus last year and this year is walking	Yes____ No____

to his home school, do you find that this is easier for you?

9. Is he happy about walking to school with his friends? Yes____ No____
10. Do you want him to have the same kind of help from this Department next year that he is receiving now? Yes____ No____
11. Are there any other ways Adaptive Education might be of help to you or your child? Yes____ No____

The parents' answers were overwhelmingly positive. In those instances where replies indicated problems, follow-up was started immediately.

VII
Louisville, Kentucky

Louisville, Kentucky began mainstreaming some EMR children in 1971. Three of the city's certified special education teachers in different elementary schools had worked out the necessary arrangements with their principals and associates in regular classes.

In Louisville, population 361,472, close to 60 percent of the population would be within the federal definition of poverty. The city has attracted national attention for its attempts to revitalize the schools. The school system is large; about 50,000 pupils are enrolled from kindergarten through twelfth grade, and enrollment is 51 percent Black.

The impetus for citywide mainstreaming came from the special education director and staff. The motivation was to improve special education offerings for mentally retarded pupils and, at the same time, to remove the stigma of special classes for "retards," as the pupils assigned to special classes were called.

The authority to conduct special education in a mainstream organizational pattern came from the Kentucky Department of Education in 1972 (Division of Special Education, 1972).
The regulations read as follows:

> Educable mentally handicapped pupils are enrolled in regular class at the appropriate grade level. A teacher certified to teach the educable mentally handicapped is available in a Resource Room in a regular school building. The special teacher works cooperatively with the regular classroom teacher to provide an appropriate educational program for the educable mentally handicapped pupils. Other elements of the educational program will be provided

in the regular classroom. Pupils go to the Resource Room for special instruction in specific areas of individual need. Pupils will generally be scheduled in the Resource Room 1 to 3 hours per day dependent on individual need.

The resource room organizational scheme allowed appropriate portions of the handicapped pupils' instructional time to be spent in regular classes on the basis of need. This plan was seen by the persons responsible for special education policy in Louisville as a way to encourage school principals and faculties to apply the mainstreaming concept.

ORGANIZATION FOR INSTRUCTION FOR EMR PUPILS

There are 233 classes for handicapped children under the Division of Special Education of which 113 are for EMR pupils. EMR pupils may be assigned to any of four kinds of instructional settings.

Self-contained classrooms: 10 to 15 children of 50-75 IQ work with one special education teacher in one room. Those approaching the ability to study in resource rooms spend some time in regular classes on individual schedules by agreement between special and regular teachers.

Resource room: EMR pupils report to regular classroom teachers and are on their rolls. They are programed from a regular classroom to a resource room where the resource teacher uses diagnostic and prescriptive instruction on an individualized basis. The resource teacher gives instruction in cooperation with the regular classroom teachers. This scheme applies in certain elementary and secondary schools. On the average, the EMR children spend half of their scheduled instructional time in regular classes. Also, the resource teacher assists regular class children who are not currently identified as EMR, although possibly they would be if judgment were made solely on intelligence quotients obtained from the most commonly used individual intelligence tests.*

*The Division of Special Education in Louisville takes the view that large numbers of pupils now in the schools would respond poorly to commonly used individual intelligence tests because they have not been prepared, educationally, to show their real learning potentials effectively on such tests. Therefore, school

Itinerant teaching program: The special education teacher serves more than one school. He maintains a schedule worked out with the school principals and based on the changing needs of the pupils. In each school served, the itinerant teacher has a headquarters room and operates like a resource teacher.

Combination Plan: Louisville is moving to eliminate secondary school homerooms composed of EMR pupils only. In some high schools this goal has been reached. From seventh through twelfth grades the EMR children are on the regular class rolls intermingled with all other pupils. The special education teachers in those secondary schools may have homerooms which are not homogeneous with respect to mental ability.

This approach has a great deal of acceptance in secondary schools. When the bell rings at 8:20 a.m., all children are in their homerooms, EMR pupils together with the others. Each principal has the option to assign the EMR pupils to various homerooms on the basis of conditions best suiting the pupils and the nature of the school. Usually, the decisions are based on age and social development, the latter judged by teachers.

EMR pupils are "cross-scheduled," a local term for the individual schedules which are made up by the secondary school counselors in terms of the pupils' strengths and weaknesses. Where there are academic strengths, the EMR pupils attend regular classes (usually the slower sections); where there are academic weaknesses, EMR pupils report to special education teachers who are trained to work with them. A secondary school may have two to four such

officials are reluctant to use individual intelligence test results as criteria for classifying children or assigning them to special education programs. Instead, it is a growing practice to assess children's educational achievements and to apply developmental and remedial instruction on the basis of needs uncovered by the educational assessment. The responses of the children to systematic and individualized instruction, then, is regarded as more indicative of whether they should be considered as actually mentally retarded or only educationally retarded. This continuing diagnostic process, based on observing the outcomes of teaching, is regarded as an integral part of special education's service to the children of the school system. If the educational assessment and corrective approach were not applied first, Louisville special education leaders estimate that about three times as many children would be classified mentally retarded. In applying its current approach, Louisville intends to use fewer psychologists and more educational diagnosticians.

teachers. They work together to divide up the special education instructional tasks. Most EMR pupils may spend as many as two to four hours out of the six-hour schedule with special education teachers. Some secondary EMR pupils are programed entirely to regular classes and they are assisted by the conjoint efforts of counselors and special education and regular teachers.

HOW MAINSTREAMING GREW

When the present approach to mainstreaming started in Louisville in 1971-1972, the EMR pupils were in 113 self-contained classes. During the first year, five of the classes at the elementary level were converted to mainstream groups and some conversions occurred at the secondary level. To effect the change, it was necessary for the principal, regular class teachers, and special education teachers to agree with and support mainstreaming.

An earlier pilot trial aimed at mainstreaming through team teaching in a select group of schools had to be abandoned because of a number of pitfalls or weaknesses in the preparation. Attempts had been made to group regular class and EMR pupils with a team of two or three regular class teachers and a special education teacher. Unfortunately none of the teachers had been prepared sufficiently to work in a team relationship, responsibilities had not been defined, the teachers had had little involvement in the planning for the team teaching effort, and the instructional plans for the children were vague. The results were far from satisfactory and the effort was discontinued. The lessons learned from that experience helped to show what needed to be done and what avoided if mainstreaming were to have a reasonable chance for success.

Louisville introduced the present idea of mainstreaming on the occasion of a school system-wide inservice training day in 1971. It was mentioned in various presentations by school system staff members. The state director of education, one of the instructors, called attention to mainstreaming, pointing out that the state special education regulations had recently been modified to include the concept. Teachers of special education became interested in mainstreaming. They

returned to their schools ready to discuss the concept with principals and regular class peers. Subsequently, some of the schools requested the inauguration of mainstreaming. The central office special education staff was quick to encourage these requests and followed up with concrete planning help.

Supervisors worked first with the special education teachers who indicated interest in changing their classes from self-contained to mainstreamed. The consultation was on a one-to-one basis. When the individual supervisor and special education teacher at a certain school reached agreement on the need or desirability of mainstreaming for certain EMR pupils, they then moved to discussions with the principal and regular classroom teachers. The latter were made full partners in further specific planning and the building principal was the coordinator.

THE NEED FOR WORKING MODELS

The leaders in special education in Louisville hope that the presence of several examples of operational mainstreaming in schools in different localities of the city will provide a helpful basis for their next step. That will be broad-scale, inservice instruction for regular classroom teachers in the practice of mainstreaming. Successful examples in local schools, it is believed, will be highly important in convincing regular classroom and special education teachers and principals of the advisability and feasibility of mainstreaming. An important footnote as far as the Louisville central office staff is concerned is that many special education teachers also need a great deal of help in moving toward mainstreaming; not all of them adapt well to the required new cooperative role.

INVOLVEMENT OF TEACHERS

Louisville has deliberately discussed mainstreaming with prospective special education teachers during the recruitment process. Applicants who impress staff members during interviews as being flexible are given favorable consideration for employment, as are applicants who have had experience in special education resource rooms as part of their professional practicums.

A deliberate maneuver is to bring in teachers who have been successful in mainstreaming to share their skills and abilities with new teachers on a professional basis. Many teachers interact informally in the lounge or in casual hallway conversations. Where mainstreaming is successful, teachers pool their professional competencies and agree to deploy them wherever and however the team feels they will have the most impact on improving instruction for children.

In Louisville, some regular class teachers have (a) emphasized that they have a standard workday of a certain number of hours; (b) asked for additional money if EMR pupils are to report to their regular classrooms; and (c) rejected the notion that they should share responsibilities for instruction with special education teachers.

The collective bargaining agreement with the Louisville Professional Education Association specifies that a teacher will have no more than a designated number of pupils. A mainstream program calls for moving EMR pupils from the roll of the special education teacher in a self-contained classroom to the rolls of regular classroom teachers which, in many cases, means that regular classroom rolls will be above the specified number. The maximum can be set aside if the teachers agree—but only if they agree. Thus, a mainstreaming pattern of organization for instruction is feasible only with the continuing approval of the regular classroom teachers in a given building.

One consequence of mainstreaming is a reduction in the understanding gap between regular class and special education teachers. Regular class teachers have learned, too, that special education teachers also are sometimes at a loss to help certain children. Each appreciates more the strengths and limitations of the other.

LOCAL SCHOOL AUTONOMY

The 68 schools in Louisville have much individual autonomy. Principals are encouraged to use central office resources to implement instructional programs generated by the school's staff and patrons. Deliberate efforts are made to avoid imposing educational schemes or administrative designs from the top down.

PARENT INVOLVEMENT

So far, parents have been little involved in the mainstreaming planning and operations in Louisville. Parents were sometimes informed at the local school level when their EMR pupils were moved from self-contained special classes to mainstream placement, and sometimes the pupils themselves told their parents that their school schedules had been altered. In 1972-1973, it became necessary for parents to sign agreements for special education placements before they could be made by principals. At the present time, however, probably more than 50 percent of the parents are still not aware that their children are in EMR programs. Those responsible for special education in the Louisville schools question whether they have had sufficient parent involvement. They expect that more will arise out of the new requirement that parents agree to special education placements.

MAINSTREAMING NOT FOR EVERYONE

Louisville recognizes that some EMR children are not ready for mainstreaming and may never be. The self-contained classroom setting, for some pupils, is the most desirable educational placement. However, this does not mean that a separate set of completely self-contained classes is a necessity although some may be needed. The special education teacher in a special education headquarters room who is participating in a mainstream pattern may have a few EMR full-time pupils in the room. These pupils are in a self-contained program and may remain in it as long as such a placement is appropriate. It is the hope, however, that over a period of time the number of pupils in self-contained settings will go down, while the number in the mainstream will go up.

MOTIVATION FOR MAINSTREAMING

One of the motivating factors for moving toward mainstreaming in Louisville was discontent with program quality among the persons responsible for special education. Approximately half of the city's special education teachers

were not fully certified (qualified) for the positions they held. The children removed from regular classes were sometimes assigned to "special education" teachers who were less experienced and less expert in dealing with learning problems than the regular classroom teachers from whose classes the children were withdrawn. Also, there was evidence from research done in Louisville that the teachers in self-contained classes for EMR children had very low levels of achievement expectation for their pupils in reading, spelling, arithmetic, and other subjects. The levels of expectation were far below what the pupils were actually capable of reaching. Taken together, the factors energized a desire to reform special education.

SPECIAL NEEDS GENERATED BY MAINSTREAMING

Mainstreaming requires large quantities of instructional supplies and more mobility of instructional materials. When a teacher has a pupil for 20 or 30 minutes to accomplish a definite instructional task, there is no time to wait for equipment or search for supplies. To let the child sit while the teacher writes the assignment on the board is a misuse of the pupil's time and of the teacher's skill. The need is for more specific instructional tools addressed to particular parts of the curriculum; and many of the tools should be such that pupils can use them on their own after being started by the teacher.

COSTS OF MAINSTREAMING

Mainstreaming is anticipated to result in little increase in cost per pupil over self-contained classes. A major factor in reducing costs can be the larger pupil-teacher ratio in special education under the mainstream conditions allowed by recently revised state regulations. At the same time, however, costs may be increased because of the need for more and more varied instructional materials in both the mainstream situation and the remaining self-contained classes.

PROJECTED EVALUATION OF MAINSTREAMING

Evaluation of the effects of mainstreaming in Louisville

will be made. It is hoped that each EMR pupil can have prescribed academic, social, and personal development goals set for the school term ahead. Changes in teaching strategies would be made to help assure that the goals will be reached. Also, regular checks would be made on teacher expectancies to ascertain that they are realistic.

VIII

KANAWHA COUNTY, WEST VIRGINIA

Charleston, capital city of West Virginia, is the main cultural and population center of the Kanawha County School District of 53,000 pupils. Most of the rest of the county is suburban or rural and ranges from upper-middle-class bedroom communities through company-built mine towns to the fiercely independent and often poverty-stricken hollow people.

At the beginning of the 1972-1973 school year, the following educational settings for EMR pupils were provided:

Primary	6 teachers
Intermediate	22 teachers
Junior High	13 teachers
Senior High	5 teachers

Until then, the elementary EMR classes were housed in regular elementary schools but were essentially self-contained. Integration in the elementary years took place only with the initiative of the special education teacher and the cooperation of the principal and staff. It was encouraged by the central office but not mandated.

The teacher of EMR pupils in Kanawha County held the key to whether they attended regular classes. The "Handbook for Special Education Teachers" (Kanawha County Schools, 1972) stated,

> When the teacher decides a child may be able to function in a regular class he should make arrangements for the child to spend nine weeks with that class for the one subject in which he could be most successful. If the student

adjusts well to this schedule, a second subject would be added to his schedule for another nine weeks. Following this experience the teacher would decide either regular class or special class placement is appropriate and implement that decision.

That same handbook reminds special education teachers that records should be kept on the inclusion of handicapped pupils in regular grades. Thus, each teacher prepares an annual report. "Space is provided for...the amount of integration of special education students with their normal peers." Actually, however, very little use had been made of the policy stated in the handbook. Elementary EMR children remained in self-contained classes and at the secondary level, integration was minimal and confined to elective subjects. Only in 1971 did serious and deliberate efforts begin as a prevailing practice to establish the appropriate degree of mainstreaming to meet each EMR pupils' needs.

MOTIVATION FOR MAINSTREAMING

During 1969 and 1970, the Superintendent of Kanawha County Schools pointed several times to the need to reconsider how special education was organized to conduct instruction. He was convinced of the value of special education and he sensed that a closer relation could be formed between special education and the rest of the school system to everyone's benefit. A short time later, when the superintendent's retirement was in the offing, a superintendent-designate was engaged as his deputy. The deputy reinforced the concept of combining the forces of regular and special education on behalf of a wider range of handicapped children.

In February of 1971, a formal proposal to turn special education in the mainstream direction was made by the consultant in charge of classes for EMR pupils. The proposal was accepted by the school administration and the board of education. The basis of special education was changed from a separatist movement to a combined operation with the rest of the schools. The next step, implementation, lay ahead.

POSITIVE ADMINISTRATIVE COMMITMENT

From the outset, the school system's top administrative echelon articulated a commitment to the principle of inclusion. In public statements and informal talks before teachers and principals, bulletins, and other ways the move toward the mainstreaming of handicapped pupils was repeatedly shown to be a matter of school district educational policy.

The same interest was evidenced at the central office middle-management level. Divisional directors, coordinators, and supervisors acknowledged and indicated acceptance of the mainstreaming concept. Their point of view found expression not only in the special education and pupil services sector but among key people in administration, curriculum development, and other components of the school system. All expressed confidence in the appropriateness and feasibility of providing high-quality special education for many handicapped pupils through the individualization of regular class programs by regular class teachers. The strong and sustained leadership in positive thinking about mainstreaming emanating from senior administrators set the tone and evoked constructive responses throughout the school organizational structure.

SELECTION OF ELEMENTARY SCHOOLS TO INITIATE MAINSTREAMING

Administration leaders considered it advisable to start mainstreaming in those elementary schools in which an optimum chance for success was likely. The elementary principals were visited by the Consultant in Special Education and the Director of Elementary Schools for initial conferences on their willingness to participate in the project. The principals selected had demonstrated interest in innovative models for providing services for the educable retarded; their schools included experienced and flexible special education teachers, and the integration of special and regular class pupils was already underway to some extent in the schools. Open space schools were deliberately included in the proposed mainstreaming as were schools in which the EMR populations were substantially higher than could be

served by the self-contained classes within the state EMR class size guideline.

Under the heading, "New Models for Elementary Special Education Classes for EMR Pupils," the following memorandum reached all teachers and principals.*

> Kanawha County Schools has twenty-eight (28) special classes for educable retarded children at the elementary level. With some variation, the classes have operated primarily as self-contained units serving fifteen (15) children for the entire day. Following the national trend in order to combat the problems of labeling, misdiagnosis, and isolation, thirteen (13) teachers of these self-contained rooms were selected to initiate alternatives or to modify the present model of educating this group of handicapped individuals. The selection of the teachers was based on a combination of the following variables:
>
> a. physical facilities of the school
> b. flexibility of the school schedule
> c. cooperation of school principal
> d. successful experience of the special class teacher
>
> To implement this program, the following procedures were recommended:
>
> a. Identification of twenty (20) EMR pupils.
> b. Teacher, principal, and/or special education consultant explain the concept to the faculty and solicit their cooperation.
> c. Teacher, with the principal's approval, make tentative schedule which includes: 1) trying to integrate every pupil for at least one subject, beginning with art, music, and/or physical education; 2) cross grouping pupils in basic skills as well as other subjects; 3) team teaching; and 4) at least one hour per week for observation and/or finding materials and methods for other pupils in the school with learning problems.
> d. Inviting different groups regularly to participate in an interesting project in the special education room.
>
> Each teacher in the project with his principal would have four half-days release time. The first three would be spent in discussing and comparing schedules and models as well as working our various problems that the change will create. The fourth half-day would be spent by the teacher

*This and other subsequently quoted material were kindly made available by the staff of Kanawha County Schools.

and/or principal giving a personalized orientation to one of the other fifteen (15) classes not included in the project.

VISITS TO OTHER SCHOOL SYSTEMS

A committee of teachers and a special education central office staff member spent several days observing what they thought were mainstream special education programs in a nearby state and in West Virginia. The visits were costly and of little use as far as the chief purpose was concerned; the level of mainstreaming was no more advanced in the districts visited than it was at home. However, the teachers saw examples of high-quality individualized teaching by special education teachers. These observations made the trips worthwhile because the teachers believed that they themselves would have to become more adept at individualized teaching and to gain skill in passing on the competency to their regular class colleagues.

INCLUSION OF EMR PUPILS IN REGULAR HOMEROOMS

Principals were given the option of using the special education teacher's headquarter room as a report room. Some principals chose to have a homeroom of EMR pupils report there and some distributed the EMR pupils among all the homerooms. In each instance the special education teacher participated in the decision and in most, the decisions were also considered by representatives of the regular classroom teachers. The procedure followed was informal because Kanawha County had no collective bargaining organization of teachers.

ORIENTATION MEETINGS OF TEACHERS AND PRINCIPALS

Funds were budgeted for substitutes to free special education teachers and principals in the school officially recognized as initiating mainstreaming to confer. Because of technical difficulty, it was not possible to use the funds until well into the school year. The school officials responsible for special education concur in the belief that had one or two days of group orientation been held earlier in the year, the concept would have been moved into practice more effectively and smoothly.

Near the end of the first year, 15 additional elementary schools and five new special service programs were asked to prepare to join the 13 special education teachers from nine schools who had started mainstreaming EMR pupils in 1972.

INITIAL SUCCESS OF MAINSTREAMING

For the teachers and principals who had to make it operate on a large scale, mainstreaming seemed to be a little formidable at first. They reported, however, that it was easier to effect than had been anticipated. They began with pupils the special education teacher thought were most likely to succeed. Principals met informally with the special education teachers and regular class teachers to talk over the pupils' strengths and weaknesses and to try to fit teachers' interests and capabilities with those of the EMR pupils. Also, regular teachers were encouraged to think of the pupils with learning difficulties in their classes who could be assessed and perhaps helped by the special education teachers.

There were enough successes among those first trials to generate confidence. More and more during the first few months of the term the principal was able to see that special and regular teachers were taking the initiative in identifying additional pupils and together planning individualized schedules of instruction. By the middle of the first year, it was clear from the reports of principals and special education teachers that they were optimistic about the successful widespread application of mainstreaming for substantial numbers of EMR pupils.

PROBLEM-SOLVING ORIENTATION

Dissemination of information on mainstreaming among principals emphasized identifying potential problems and prospective solutions for them. First, principals and special education teachers from the project schools specified problems and invented possible solutions for them through mainstreaming. Then an inservice meeting brought together three to five principals in an informal setting and they were encouraged to brainstorm about local school problems which might be encountered in implementing mainstreaming. Each group included at least one principal from a

project school. In the meantime, non-project special education teachers of elementary EMR students were given released time to observe and discuss mainstreaming in a project school. Both principals and teachers discussed thoroughly the recorded problems and solutions. After a number of problems were stated, the principals turned to inventing solutions and the possible solutions were recorded. Examples of such problems and solutions follow:

Problem I. The question of labeling children and the room.

Solutions: A. Label materials, boxes, etc., sent for special education pupils with teacher's name, room number, or symbol; never "Special Education" or EMR.

B. In communications to parents about the needs of their child who is educably retarded from Psychological Services, Special Education, and/or other Central Office communications, use "special services" to describe program.

C. Schedule groups of "normal" peers into the special education space regularly.

Problem II. The question of the special education teacher having just identified EMR in homeroom.

Solutions: A. For established programs the principal and teacher(s) will choose:

*(1) integrated homeroom

(2) cluster EMR homeroom

B.*For new programs, each pupil will check into his "year level" homeroom. The special education teacher may or may not have an integrated homeroom depending on the decision of the principal.

Problem III. The allocation of supply monies and funds when special education teacher does not have homeroom.

Solutions: A. The principal and special education teacher will decide the fair allocation of these funds.

Problem IV. Planning time for team teaching.

Solutions: A. Initial time during pre-school week to be set aside for regular teacher(s) and special education teacher to develop overall plan.

B. Schedule at least one-half hour regularly at beginning of each week.

Problem V. Maximum number of identified EMR pupils assigned to special education teacher.

Solutions: A. Begin with a core of 15 for maximum identified EMR's.

B. Place and add identified EMR transfers to your school automatically.

C. In schools with high incidence of EMR population, the teacher and principal may have the option of beginning with a core of twenty identified EMR pupils, providing the teacher never has more than a maximum of fifteen EMR's at any one time.

Problem VI. Non-acceptance of EMR pupils by regular teacher.

Solutions: A. EMR child's home base not in special education space.

B. Request from Central Office an administrative directive supporting mainstreaming. This will be reinforced by principal.

C. In the beginning, select the receiving teacher(s) and EMR children carefully to insure successful experiences.

D. Limit to 1 or 2 EMR students to be integrated at any one time unless team teaching.

E. Schedule a faculty meeting with consultant(s) in first month of school, preferably with a special education teacher, regular teacher who received pupils, and a principal who has participated in integration.

Problem VII. Printed guidelines for integration procedures.

Solutions: A. For 1973-74 school year send summary of committee meetings.

B. Appoint committee to develop formal guidelines by end of 1973-74 school year.

Problem VIII. Decision of the degree of integration for individual EMR pupils.

Solutions: A. The special education teacher would initiate the integration schedule for each *individual* child based on his abilities, disabilities, social skills, emotional stability, and opportunity within the school. This plan will be continually evaluated and altered with the help of the principal, regular teaching staff, and pupil personnel staff available in the school.

The criterion for evaluation and modification is simply that the child achieves success wherever he might be within the school.

Problem IX. Substitute teacher for Special Education.

Solutions: A. Detailed integration time-line in prominent place within plan book.

B. Prepare children generally as to what is acceptable behavior in classroom when substitute teacher is present.

C. If possible, find an acceptable substitute teacher that can be used regularly.

D. Note in prominent place in plan book any physical, neurological, emotional problems, and medication needs of pupils.

Problem X. Administrative scheduling necessary for entire school.

Solutions: A. Large block scheduling for entire school.

B. Flexibility of entire school staff motivated by principal.

Principals reported that they had enjoyed the simulation exercise and the exchange of ideas which built their confidence and aided them in practical ways to cope with similar issues when they actually arose.

PREPARING TEACHERS FOR MAINSTREAMING

Principals and teachers both are encouraged to organize short, informal, teacher-to-teacher inservice sessions in their schools. The teachers who have had success with including EMR pupils in regular grades are asked to describe and demonstrate their procedures, as are special education teachers who have been particularly helpful to regular class pupils with educational problems. Another inservice item of great interest is how teachers work together on scheduling their individual instructional programs so that they mesh at suitable times for the exchange of pupils.

The following integration patterns are suggested:

a. *Cross Groupings* (when the EMR pupil had special aptitude and motivation, he would participate in regular classes—the special education teacher would accept non-identified pupils who had specific learning problems for short periods of time).

b. *Team Teaching* (defined as combining pupils assigned

for special education services with one or more other classes for *meaningful* units or subjects. The special education and regular teachers would alternate as lead teachers and assist individuals or small groups; i.e., vocational study, food, how plants grow, pets, chorus, etc.).

c. *Scheduling EMR* pupils throughout the day with their chronological peers for physical education, music, and/or art.

d. *Inviting* different groups or entire classes to participate in projects especially planned for EMR pupils; i.e., field trips, craft projects, practical arts units, etc.

e. *Sponsoring* a school club or newspaper activity which included the EMR pupil and his peers.

f. *Freeing* the special education teacher for one hour per week for observation of other pupils in the school who have learning problems. The special education teacher would then follow up with their teachers, suggesting appropriate materials and methods or proper referrals to other special services.

EXAMPLES OF INTEGRATION SCHEDULES

Samples of a primary and an intermediate daily schedule follow. They show the numbers of children, the locations of the children at different times of day, and whether instruction is by a single teacher or in a team setting. The left-hand column indicates the time of day. The next column, "Identified EMR's 'in'," is interpreted as follows:

> *Identified EMR's* are those, up to 15 in number, who are on the official roll of the special education teacher for purposes of reporting to the state. "In" means they are in the special education space at that time for instruction.

The heading of the third column is self-explanatory. The fourth column indicates the amount and nature of team teaching. The last column refers to the number of other children served by the special education teacher, some known to be EMR pupils and the remainder with various other educational handicaps and disabilities.

In the primary setting schedule, 36 children are being helped in the course of each day by the special education teacher. In the intermediate group, 16 specific children are being helped daily. However, that special teacher periodically teams with other teachers to give instruction in practical arts or arts and crafts in the special education room.

INTEGRATION SCHEDULE Chandler Elementary EMR Intermediate Teacher

	Identified EMR's "in"	Identified EMR's "out"	*Team Teaching	Unidentified Peers "in"
8:15	Remainder EMR's—Music, Oral Free Expression, Recreational Reading	7—Language Arts		
8:30	Remainder EMR's—Language Arts	5—Language Arts		
9:30	Remainder EMR's—Skill Builder Units	5—Language Arts 1—Basic Skills Teacher		
10:00	Remainder EMR's—Language Arts (Spelling, Writing, Craft Activities)	5—Language Arts (English, Spelling)		
11:00		Lunch		
11:30	All EMR's—Physical Ed.			1—Physical Education
12:00	Remainder EMR's—Language Arts	6—Math		
12:30	Remainder EMR's—Social Studies Unit	7—Math 1—Music		
1:00	Remainder EMR's—Summary of morning's work, Behavior Modification	7—Math 1—Language Arts		
1:15	Remainder EMR's—Break	6—Math 1—Language Arts		
1:30	Remainder EMR's—Math	7—Social Studies		
2:00	Remainder EMR's—Practical Arts or Arts and Crafts		** Periodically teams with other groups or entire rooms for Practical Arts or Arts and Crafts with SE space.	
2:30	All EMR's—Evaluation and Housekeeping			

* Team teaching is defined to include the special education teacher and the regular teacher(s) alternating lead teacher roles with the other assisting individual or small groups during lesson.

INTEGRATED SCHEDULE — Ruffner Elementary EMR Primary

	Identified EMR's "in"	Identified EMR's "out"	*Team Teaching	Unidentified Peers "in"
8:15		All EMR's— check in→ home base		
8:20	All EMR's—Breakfast, Opening			
8:30	All EMR's—Language Arts			3—Language Arts
9:30	Remainder EMR's—Language Arts	5—Physical Education		3—Language Arts
10:00	Remainder EMR's—Math	4—Math		3—Math
10:30	Remainder EMR's—Math	1—Social Studies 3—Physical Education		3—Math
11:00	Remainder EMR's—Science, Social Studies Unit	1—Lunch		3—Science, Social Studies Unit
11:30		15—Lunch		
12:15	Remainder EMR's—Language Arts	1—Math		3—Language Arts
1:00			Language Arts	
1:15	Remainder EMR	6—Physical Education		3—Unit
2:00		14—Creative Arts 1—Physical Education		

* Team teaching is defined to include the special education teacher and the regular teacher(s) alternating lead teacher roles with the other assisting individual or small groups during lesson.

INTEGRATION OF CURRICULAR AND INSTRUCTIONAL MATERIALS

Until recently, special and regular class programs proceeded separately in all matters of curriculum and materials of instruction. For example, both designed learning packages in language arts and mathematics at all levels, kindergarten through grade 12, using the same model. The packages consist of hundreds of sequenced individual short lessons, each with a pretest and posttest. May require minimal guidance from the teacher although others call for much teacher instruction. The sequential development of skills and concepts is encouraged through the use of such a linkage between curriculum and instructional procedures.

What is new, influenced by mainstreaming practices, is the melding of sequences constructed for the slower-paced EMR pupil into the sequences designed for regular elementary and secondary pupils. The expected result will be curricular and instructional materials which can be used in common and possess more variety in content and more potential for variable pacing, thus meeting the needs of all children.

Teachers are not required to use the lessons built into the learning packages. They are encouraged to develop their own approaches to transmitting content, skills, and understandings. It is expected, however, that the skill and concept sequences will be adhered to, assuring less chance of skipping key material. Since the same posttests are used for all children, they help to assure common measures of achievement.

CLUSTERS OF ELEMENTARY SCHOOLS

Kanawha County is relatively large. The terrain is mountainous and difficult to travel and the population is sparse and scattered, except for the city of Charleston. As a result there are many relatively small elementary schools. Programs for EMR pupils have been arranged to serve clusters of nearby schools. The special education teacher is found in the most central one. EMR pupils from other schools in the cluster are transported to the central school.

The school officials recognize the limitations of the cluster arrangement as far as optimizing the child's educa-

tion in his neighborhood school is concerned. It is anticipated, however, that special education staffing will be increased to add direct services in the schools from which EMR pupils must now be transported.

INTEGRATION AT SECONDARY SCHOOL LEVEL

In the regular secondary schools housing EMR classes, students always have been enrolled in regular homerooms. They are instructed for a maximum of three periods a day by the special education teacher (language arts skills, math skills, social studies units, and science units) and integrated for art, music, physical education, practical arts, and any major subject for which they show a high aptitude, ability, or motivation. These students also participate in all extra-curricular activities. (On the last two state champion football teams, an EMR pupil was one of the stars.) During their junior and senior years, these students are encouraged to take major subjects at their home high schools and to enroll for half the day in the vocational technical high school for occupational training. Here, only the counselors know they are special education students. During 1973-1974, six of the present 18 secondary classes have been selected to pursue increased integration, that is, team teaching with language arts specialists, or in math lab, or increased cross grouping for major subjects. Secondary students receive a regular high school diploma.

The chief interest in Kanawha County to date has been on integration at the elementary school level because the separation was greatest there and felt most keenly.

REACTIONS OF REGULAR CLASSROOM TEACHERS

When regular teachers talked about the EMR children among their pupils, they often remarked, "These special kids are not that different! Some are better than some of my regular students."

In every school where observations were made, some regular class teachers were not enthusiastic about having the responsibility for EMR pupils. Most teachers, however, had shown their willingness to participate in mainstreaming by

actually doing so. Regular class teachers can expect help with some of their problem children who are not considered retarded from special education teachers under the program. This interchange of competencies, plus the feeling teachers express on their willingness to try to help any earnest student, have resulted in a generally positive reaction to mainstreaming among the regular class teachers who were interviewed.

FINANCIAL SUPPORT FOR MAINSTREAMING

West Virginia gives financial support to special education on a per pupil basis for up to 15 EMR pupils for each special teacher. Kanawha identifies 20 EMR pupils for each special teacher in a mainstream setting, but reports only 15 for state aid. Also, a number of special education teachers actually work with as many as 30 handicapped pupils at any one time, and as many as 40 or 50 over the course of a year.

State regulations neither prohibit mainstreaming nor encourage it financially. Thus the Kanawha County Schools are not penalized financially because of mainstreaming. It is estimated by responsible school officials that more pupils are aided under mainstreaming for the same amount of money as was used earlier to support segregated classes.

IX
KEY FACTORS IN MAINSTREAMING

The special education teachers, coordinators, supervisors, and directors who supplied information for this report commend the following key points to the attention of anyone who is planning to initiate the mainstreaming of handicapped pupils in a school system. Although it is no guarantee of success, attention to these items can help assure that the new program gets off to a good start.

It is hoped that the material presented here will be of help to teachers and school administrators as they weigh the decision to initiate mainstreaming for handicapped pupils, and especially for EMR pupils. It is hoped, too, that the experiences of the school systems recounted here will be useful in planning and operating mainstreaming, if the decision is made to go that way.

1. *Regular class and special education teacher concerns need consideration.*

Both regular class and special education teachers have natural concerns about the consequences of mainstreaming. Teachers are most concerned about their pupils and their own professional lives. They want to know whether pupils are well served through mainstreaming in terms of academic, social, and individual development. And they want to know in what ways the teacher's professional responsibilities and daily procedures are altered when mainstreaming becomes the rule in a school system.

The day is largely past when major educational policy and practice decisions in school systems are made without the constructive influence of consultation with teachers.

Their views, opinions, and wishes carry enough weight to determine program success or failure. The legitimate professional concerns of teachers are acknowledged to extend beyond the direct pupil-teacher interaction into curriculum design, administrative and organizational factors that affect instruction, community relations, and the host of other aspects of life that impinge upon elementary and secondary schools.

School administrators, too, have all the concerns which are found in teachers. However, they have also the motivation to employ management procedures that offer a solid foundation on which to build the highest possible quality educational programs within the financial constraints set by the community's resources.

2. *Regular class teachers talk about mainstreaming.*

Even before having direct experience with mainstreaming many regular class teachers say they are willing to try it. After experience, the majority volunteer to continue. In school districts with several years of an inclusion policy behind them, the process appears to be taken as a matter of course.

Regular teachers without mainstreaming experience have apprehensions about exceptional children in their classrooms. What is needed is to build up both their confidence and competence so the child will not be greeted with an initial rejection but taken as he is.

Paramount in importance, teachers need to be assured that handicapped children will not be forced into their regular classes but will be moved in with their full understanding and agreement.

When regular class teachers without mainstreaming experience were asked what impediments they believe lie in the way of their doing a good job of educating EMR pupils, their responses grouped around certain topics. Nevertheless, they believed that the impediments can be removed.* There follows the list of problems and solutions summarized from Zawadzki's work.

*Stratified sample of 158 regular classroom teachers, kindergarten through senior high school, from low, medium, and high wealth school districts in Pennsylvania (Robert Zawadzki, 1973).

a. *Inappropriate classroom behavior.* In this categ are placed the concerns about the EMR child in regard (a) class conduct problems of a disciplinary and/or disruptive nature, (b) behavior that serves as a poor model for other students to follow, (c) slow academic progress, (d) inability to attain basic skills, (e) short attention span, (f) inability to follow directions, (g) effect on education of entire class by slowing them down, and (h) demand for and use of too much of the teacher's time.

Most solutions suggested (a) decreasing the class size, (b) providing appropriate learning materials, (c) homogeneous grouping, (d) individualized instruction, and (e) providing teacher aides.

The above solutions to the first category of concern could be said to describe the salient features of a self-contained class for EMR pupils. It should be kept in mind that first, the same teachers did not suggest all of the solutions and second, most teachers named only one or two solutions. Further, the solutions recommended by teachers were to be applied in the context of mixing EMR pupils with non-handicapped pupils in regular classes. Thus, the homogeneous grouping referred to could not be construed as meaning grouping only EMR pupils together. As is shown, these solutions can be applied to the other categories of concerns, especially (d) individualized instruction.

b. *Concerns about the curriculum.* Included under this heading are those concerns relating to the planned interaction of pupils and instructional content, instructional resources (materials and supplies), and the instructional process (how it is taught).

Suggested solutions include (a) providing proper learning materials and equipment, (b) individualizing the instructional program, and (c) securing more funds for materials and supplies.

c. *Negative behavior of regular classroom pupils toward an EMR child in regular class.* This category contains the concerns of teachers about the negative behavior displayed by regular class students toward an EMR child in either the same classroom or school.

The solutions suggested included (a) teaching the class to accept the contributions and abilities of each other, (b) educating the community about EMR children, and (c) providing the EMR child with guidance on proper social and emotional responses.

d. *Problems of organizing for instruction.* Topics reflecting concerns about the administrative/organizational aspects of the instructional program are included in this category. They include, (a) the scheduling problems for both EMR pupils and their teachers, (b) concerns over class size, (c) transportation difficulties, (d) attendance problems, and (e) inadequacies of the physical plant.

Suggested solutions include (a) decreasing class size, (b) providing proper facilities for instruction, (c) providing additional help for teachers, (d) providing special transportation service, and (e) providing more planning time for teachers.

e. *Lack of teacher preparation and/or experience.* Items identified in this category expressed teachers' concerns about their limited experiences with and/or inadequate preparation for work with the EMR child in the regular classes.

Suggested solutions included (a) inservice courses to prepare teachers, (b) more attention to teacher preparation by the colleges, (c) providing personnel experienced in special education to aid and supervise teachers, and (d) providing regular classroom teachers with opportunities to observe EMR students in a regular class.

f. *Emotional problems of the EMR child.* Presented here were the teacher concerns about the EMR child's lack of emotional maturity, negative self-image, withdrawing behavior, and negative attitude toward school.

Suggested solutions included (a) strong support for the EMR student in the regular class, provided by the teacher, (b) individualization of instruction, (c) providing special materials, and (d) providing teachers with special training.

g. *Negative attitudes of adults toward EMR children in regular classes.* Contained here are statements describing the negative feelings and/or inclinations of teachers and parents toward the EMR child.

Suggested solutions included (a) conducting parent/teacher conferences and (b) providing teachers with courses and information on the mentally retarded child's emotions and mental attitudes.

h. *Lack of supportive services.* In this category are included teacher concerns about the lack of professional (psychologist, psychiatrist, counselor, team leader, specialist in mental retardation) and nonprofessional (aides and clerks) support personnel.

Suggested solutions included (a) providing teachers aides and (b) providing more resource personnel.

i. *Problems of physical defects.* Presented here are the teachers' concerns about special medical problems, gross and fine motor skill inadequacies, and physical defects.

The solutions which were suggested include (a) providing specially trained personnel to help these children, (b) providing rest periods, and (c) individualizing the program.

j. *Concerns about safety.* Items identified here reflect teacher concerns for the safety of the EMR child and his classmates.

Suggested solutions included (a) constant observation of EMR children in industrial arts classes, (b) assigning EMR pupils to a squad carrying on special tasks in chemistry lab, and (c) providing classrooms in which equipment and materials are arranged for children with problems.

k. *Inadequate assessment of achievement.* Here are included concerns for proper educational assessment of achievement of the EMR child.

Suggested solutions included (a) providing more basic tests more often, (b) early screening of children before they enter school, (c) teacher training in how to evaluate EMR pupil performance, and (d) resources where teachers may obtain additional information about the EMR child and help set goals for his future.

l. *Special health factor problems.* Items reflecting concerns about the EMR child's poor bowel or bladder control, lack of personal cleanliness, and/or knowledge of personal health habits are included in this category.

Suggested solutions included (a) providing teacher aides, (b) using parents to play a major part in this kind of

training, (c) teacher and class setting examples of good personal habits for EMR pupils, and (d) providing facilities for student to bathe and wash clothing.

m. *Unfair grading policy of the school.* These concerns centered on a "fair to all" grading policy.

Solutions were suggested such as (a) changing the prevailing grading policy, (b) altering report cards and other evaluative devices, (c) providing continuous progress reports or parent/teacher conferences, and (d) grading on individual progress.

n. *Family problems of EMR children.* Included here are items that reflect teacher concerns about the family of the EMR child such as (a) poor background and (b) transiency.

Solutions were suggested such as (a) providing funds to feed EMR pupils in the morning and afternoon, (b) conducting parent conferences during school time to help the EMR child adjust, and (c) providing job security for parents of EMR pupils.

o. *Concerns about teacher liability.* This category presented concerns of teachers about their liability for what may happen to either and EMR child or others because of an EMR child in their regular classrooms.

Suggested solutions included (a) providing teachers with special courses on EMR children, (b) selecting teachers with suitable temperaments for handling special students, and (c) providing alternative activities for EMR children.

Zawadzki's data are similar in many respects to the findings of Tucson school personnel. It is clear that teachers have concerns. It is also clear, however, that they believe solutions can be found.

Many of these matters can be dealt with through inservice preparation prior to or during the early stages of implementing an inclusion policy. The experiences of the six school districts uniformly support the assertion that regular class teacher satisfaction with mainstreaming can be anticipated to the degree that the teacher is involved in the decision and given the necessary support.

3. *Teacher attitudes influence mainstream success.*

Teachers have a profound influence on the success of

mainstreaming or any other form of instructional organization for handicapped pupils. In each school district, it was repeatedly stated that the positive attitudes of teachers make up the most effective force for excellent special education.

The attitudes most conducive to success for mainstreaming include the following:

1. Belief in the right to education for all children.
2. Readiness of special education and regular class teachers to cooperate with each other.
3. Willingness to share competencies as a team in behalf of pupils.
4. Openness to include parents as well as other professional colleagues in planning for and working with children.
5. Flexibility with respect to class size and teaching assignments.
6. Recognition that social and personal development can be taught, and that they are equally as important as academic achievement.

Teachers influence and are influenced by the attitudes of each other, of administrators, and of the community. Mainstreaming as a principle and a process depends heavily upon positive attitudes regarding, particularly, the six areas noted in the preceding paragraph.

Approximately 50 regular class teachers who were participating in mainstreaming were interviewed in the course of collecting data in the six school districts whose programs are described. They were at all levels, from primary grades to senior high school, and in such areas as English, science, mathematics, social studies, health, and typing. Three things stood out.

1. there was genuine appreciation of the team work with the special education teachers, particularly the help the regular classroom teachers received with the children already in their rooms.
2. Regular classroom teachers found that EMR pupils were usually no more difficult to include in their classes than some children already there.
3. The spirit that "all the children are in the same school system" was expressed time after time.

4. *Inservice education is a requirement.*

Preparation for mainstreaming is essential. Start by

giving mainstream teachers the tools needed to work with EMR pupils before giving them the pupils. Emphasize the benefits to regular classroom teachers that come from consultation on and technical assistance for regular class problem pupils from the special education teacher.

Build into the inservice program the fundamental practice of stating children's educational conditions and needs in functional terms. Use expressions like, "She does well in spelling for her age; she needs to learn to write complete sentences and to use basic punctuation," rather than attempting to describe children by psychological or medical diagnostic terms. In short, teach the programing of children in terms of instructional needs rather than categories of exceptionality.

Stay with the retraining program, both for special and regular class teachers. One-shot programs are ineffective.

Successful teachers can do more than anyone else to help other teachers. This fact is especially important with regard to increasing the capability to individualize instruction and work as a team member with other teachers.

5. *Pupil placement practices call for sensitive administration.*

Suddenly dumping all EMR pupils into regular classes is a sure road to failure. Selective placement based on high odds for success is the preferred approach. Try to match the child and a teacher.

Instead of asking the regular class teacher to make marked changes in daily activities, plan a program for the EMR pupil which fits into what the regular class teacher is already doing. Then let changes come on the initiative of the regular class teacher.

6. *Keep identified pupils in regular grades.*

Do not remove identified EMR pupils from regular report rooms and other regular classes unless absolutely necessary. The very act of removal can create problems of identity for the child, problems of understanding and pride for the parents, and problems of responsibility and resistance to re-entry on the part of regular class teachers. Instead, if possible, bring immediate special education support to the child and the regular class teacher where they are.

Over a period of time, the moving of EMR pupils from special to regular classes will have been substantially accomplished. The number of self-contained special education classes will tend to diminish as will the negative attitudes sometimes associated with them. Within a few terms, the expected pattern is that of early identification and the provision of special education as needed with the EMR children remaining with the peer groups with whom they entered kindergarten or first grade.

7. *Emphasize educational assessment and diagnostic teaching.*

Numerical scores from psychological tests have less impact on the classification of and school placement decisions for children under mainstreaming conditions. Especially in areas where the numbers of socially and economically deprived persons are substantial, fewer and fewer distinctions apparently are being made, for educational purposes, between children who are educationally retarded for what might ultimately prove to be different reasons. Psychometric test results like mental ages and intelligence quotients for such youngsters engender less confidence than they once did. Instead, educational assessment plus diagnostic teaching over a period of time are used to produce information which leads to a more credible professional judgment on learning capacity and related psychological characteristics.

8. *Local school autonomy of operation helps.*

Teachers and principals should feel that they can make changes to suit local school needs. They should have freedom and encouragement to work out improved ways to mainstream without needing to check every move and each detail with central administration.

Avoid frequent teacher turnover by assuring good career opportunities at the local school level. Strongly integrated regular and special education is heavily dependent upon teachers who know and respect each other.

9. *Line administrative support should be assured.*

Firm convictions that certain administrative practices are essential are held by special education leaders where mainstreaming has been successful to date. Principals were

viewed as the chief field representatives of the mainstreaming concept. Without principals in that role on a continuing basis, mainstreaming could be expected to have a difficult time. Therefore, it was necessary to establish the program concepts firmly with all elementary and junior and senior high-school principals.

The understanding support of top school officials, board of education members, and other significant figures in the community must be gained and maintained. Special education directors point to the critical need for feedback to such persons on the positive outcomes of the process. The flow needs maintenance even though the program seems well supported.

10. *Informed parents can be very helpful.*

Be sure that parents know and understand what is being planned. Give parents opportunities to react and to make suggestions. Also give those parents whose children are in self-contained classes options on whether they wish to have mainstreaming attempted. Keep attention focused on the idea that the program is aimed at helping the child.

X

OTHER SCHOOL DISTRICTS CARRYING ON MAINSTREAMING

Where can one find other examples of mainstreaming?

Descriptions of how school systems plan and conduct mainstreaming for EMR pupils are not found in the ERIC bibliography on that topic (CEC 1972). Even such recent publications as Reynolds and Davis' *Exceptional Children in Regular Classrooms* (1972) and Deno's *Instructional Alternatives for Exceptional Children* (1973) contain few references to actual, operational, school system-wide integration of EMR pupils. The other current literature contains no more references.

The following list is offered for those persons who want to locate examples of mainstreaming closer to them than the six described in detail. The locations were drawn up from an investigation carried out in mid-1973 with William Ohrtman. A mail inquiry to the 50 states, six territories, and the District of Columbia produced the following responses.

An even more up-to-date list might be obtained by writing to the director of special education in the state or territorial education agency office in the capital of each state or territory.

LIST BY STATES AND TERRITORIES

State	*School District*
Alabama	Birmingham
	Huntsville
	Mobile

Alaska	Juneau
	Ketchikan
	Kodiak
California	Cupertino
	Fountain Valley
	Morgan Hill
Colorado	Cherry Creek County
	Englewood
	Longmont
	Jefferson County
	Denver
Connecticut	Bridgeport
	Norwalk
Delaware	Newark
	Seaford
Florida	Highlands County
	Sebring
	Manatee County
	Bradenton
	Marion County
	Ocala
Georgia	Atlanta City
	Waycross City
Idaho	91 Idaho Falls
	Idaho Falls
	150 Soda Springs
	Soda Springs
	52 Snake River
	Blackfoot
Iowa	Davenport Community Schools
	Joint County School System
Maine	Auburn
	Fort Fairfield
	Millinocket
	Portland

Maryland	Baltimore County
	Montgomery County
	Prince Georges County
Massachusetts	Dighton-Rehoboth-Berkley Union
	Rehoboth
	Hull School System
	Hull
	King Philip Regional School District
	Wrentham
Michigan	Allegan
	Garden City
	Portage
Mississippi	Hattiesburg
	Jackson
Nebraska	Lincoln
	Norris-Hickman, Firth
Nevada	Clark County
	Washoe County
New Jersey	Blue Anchor-Winslow Township
	Trenton-Lawrence Township
	Willingboro
New York	Ballston Spa
	Guilderland Central
	Saratoga Springs
North Dakota	Minot
	Valley City
Ohio	Champion
	Forest Hills
	Mentor
Rhode Island	Newport
	Providence
Tennessee	Greenville City
	Knox County
	Memphis City

Texas	Columbia-Brazoria County
	Maskell-Knox County
	Plano
	Richardson
Wisconsin	Janesville
	Racine
	Wausau

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ACKNOWLEDGMENTS

Persons helping in the development of this report

Kanawha County, West Virginia Public Schools

Dr. Kenneth Underwood, Superintendent
Dr. Roger Worner, Associate Superintendent
Mr. Carl Holland, Assistant Superintendent, Pupil Services
Mrs. Orpha N. Voorhees, Director, Special Education (retired)
Dr. Patricia P. O'Reilly, Director, Exceptional Children
Mrs. Sandra Barkey, Consultant, Exceptional Children

Louisville, Kentucky, Public Schools

Dr. Newman Walker, Superintendent
Mr. Jack Meisburg, Chairman, Instructional Services
Mr. A. B. Harmon, Director, Special Education
Mr. E. H. Gravatt, Assistant Director, Special Education
Miss Juanita Landers, Supervisor, Special Education

Plano, Texas, Public Schools

Dr. H. Wayne Hendrick, Superintendent
Mrs. Phyllis Loghry, Director, Special Education
Mrs. Edna Harris, Supervisor, Special Education
Mrs. Marcia Vogelsang, Associate School Psychologist

Richardson, Texas, Public Schools

Dr. J. J. Pearce, Superintendent
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Mr. Richard F. Hays, Director, Instructional Services
Mr. Don Hiett, Coordinator of Appraisal

Tacoma, Washington, Public Schools

Dr. Angelo G audrone, Superintendent
Dr. Henry H. Bertness, Assistant Superintendent, Pupil Personnel Services
Mr. Joe Lassoie, Deputy Superintendent
Mr. Ralph Baird, Administrative Assistant, Special Education
Mr. Herman Sowell, Supervisor, Programs for the Mentally Handicapped
Mr. Daryl Ashpole, Assistant in Pupil Personnel Services

Tucson, Arizona, Public Schools

Dr. Thomas L. Lee, Superintendent
Mrs. Laura D. Ganoung, Consultant, Department of Learning Development
Dr. Mary Meredith, Supervisor of Adaptive Education
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